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# HIV PREVENTION PLANNING COUNCIL MEETING

**January 14, 1999**
**3:00 PM to 6:00 PM**
**First Unitarian Church**
**1187 Franklin Street (@ Geary)**
**San Francisco**

*Meeting called by:* **Co-Chairs:**
Larry Meredith
Steven Sams
A. Toni Young

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***Please read and bring:***

- **Agenda**
- **Minutes of December 10 and December 17**
- **This packet**

## All Items Include Public Comment

| | | |
|---|---|---|
| 1. Food/Welcome/Introductions/Announcements | Steven Sams | 3:00 – 3:20 PM |
| 2. Review & Approval of Minutes from 12/10 & 12/17/98 | Steven Sams | 3:20 – 3:25 PM |
| 3. Public Comment | Steven Sams | 3:25 – 3:35 PM |
| 4. Proposed Structure for 1999 - Discussion | Steven Sams | 3:35 - 3:40 PM |
| 5. Community Co-Chair Candidate Statements | Steven Sams | 3:40 - 3:50 PM |
| 6. Election of Community Co-Chair | Steven Sams | 3:50 - 4:00 PM |
| 7. Director's Report | Larry Meredith | 4:00 - 4:10 PM |
| 8. Presentation of the Condensed Plan (Vote to accept 1/28) | Byron Mason, and Michael DeMayo | 4:10 - 4:15 PM |
| 9. B R E A K | | 4:15 - 4:25 PM |
| 10. Why We Are Here: The Principles of Planning and Implementation | Team Presentation | 4:25 - 5:45 PM |
| 11. Committee Assignments | Steven Sams | 5:45 - 5:55 PM |
| 12. Closure and Evaluation | Steven Sams | 5:55 - 6:00 PM |

**UPCOMING MEETINGS**

***Note: All meetings are open to the public and are held in handicapped accessible facilities. Alloted time periods for agenda items are approximate and may require adjustments.***

*HPPC Meeting* - Thursday, January 28, 3-6 PM, First Unitarian Church, 1187 Franklin Street (@ Geary)

*HPPC Meeting* - Thursday, February 11, 3-6 PM. First Unitarian Church 1187 Franklin Street (@ Geary)

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

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DRAFT

# HIV PREVENTION PLANNING COUNCIL
## Minutes of January 14, 1999

| | |
|---|---|
| HPPC: | Thurs., January 28, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St.<br>Thurs., February 11, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. |

**Members Present:**
Marcos Bañales
Joan Benoit
Carla Clynes
Manny DaCalanio
Sister MaryMae Himm
Melinda Martin
Mazdak Mazarei
Larry Meredith
John Newmeyer
Shawn O'Hearn
J. Colin Partridge
Dawn Passar
María Rinaldi
Danielle Stringer
Steven Tierney
A. Toni Young

**Members Absent:**
Michael Bogan
Michael Caruso
Michael Discepola
Rowena Esquires
Dave Hubbard
Jaron Kanegson
Dredge Byung'chu Kang
Stephen King
Jennifer Lorvick
Byron Mason
Willi McFarland
Lauren Michaels
Helen Miramontes
Henry Ocampo
Jeff Poltl
Steven Sams
Father River Sims
John Blake West

**Parliamentarian:**
Tony Leone

**DPH/AIDS Office Staff:**
Elizabeth Davis
Delia Garcia
Tracey Packer
Peter Twyman

**Polaris R & D, Inc.**
Kweli Simone Ferguson
Amalia Fernandez-Niewendorp
Marin Trujillo

**Guests:**
Bart Casimir

**Technical Support Staff:**
Michael DeMayo
Kristin DuBay Horton

**Process Evaluation Team:**
Wendy Hussey
Kathleen Roe
Kevin Roe
Yuimari Ruiz

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## 1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS AND REMEMBRANCE

Larry Meredith welcomed the group and asked for members and guests to introduce themselves and make any announcements.

**Announcements:**

- *Member Absences*

  Steven Sams, Dredge Byung'chu Kang, Michael Bogan, Willi McFarland, Dave Hubbard, and Helen Miramontes notified the Co-Chairs of their inability to attend this meeting.

*Larry Meredith*

- Steven Sams is ill and unable to attend today.

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- Brian Dobrow has been ordered back on disability by his physician. The Department hopes he will be back by July.

*María Rinaldi*

- Instituto Familiar De La Raza is seeking to fill a part-time position for the Community Health Outreach project. Resumes should be addressed to María.

*Carla Clynes*

- The Results of the Transgender Community Health Project study will be presented at a community forum Thursday, February 18th from 5 to 7 PM at Glide Memorial Church. Flyers are available on the handout table.

*Dawn Passar*

- Dawn is no longer affiliated with the Asian/ Pacific Islander Wellness Center.

*Tracey Packer*

- Enclosed with the agenda is a memo from *The Physician Prescription of Methadone Working Group and The Bridging the Gap Planning Committee* regarding an invitation to join the working group and planning committee. Anyone interested should contact Alice Gleghorn at 255-3722. The next committee meeting is on January 15, 1999 from 1 to 3 PM at 1380 Howard, in the 4th Floor Conference Room.

*Peter Twyman*

- CAPS publishes information sheets which are extremely useful for prevention providers. They are available on the handout table. Anyone interested in becoming a part of the permanent mailing list should see Peter.

*Steven Tierney*

- Steven has both the Youth Won Health Guide and the Drug Guide available. See Steven T. if you are working with youth.

Toni Y. ended the announcement section with special commemorative *Certificates of Appreciation* to those members who were absent at the last meeting of 1998.

***Technical Support Staff and Guest Introductions***

*Kathleen Roe*

- The Process Evaluation Team is conducting the HPPC Members Background Survey today. Please return the survey and questionnaire distributed to HPPC members in the self-addressed envelope provided. This questionnaire will identify the strengths and diversity of the HPPC.
- Alison Wakefield has graduated with her MPH and has completed her work with the HPPC. The Process Evaluation team congratulates her and thanks her for work well done. The new team members are Yuimari Ruiz and Wendy Hussey.

*Amalia Niewendorp*

- Kweli-Simone Ferguson is returning to school to complete her Master's. She will be available for committee work, but Marin Trujillo will be taking over for the HPPC. We wish her the best of luck.

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## 2. APPROVAL OF THE MINUTES FROM DECEMBER 10 AND DECEMBER 17:

The minutes from December 10th and December 17th meetings could not be approved due to the lack of a quorum.

Toni Y reported that since the lack of a quorum was not called prior to voting on the minutes, Robert's Rules allows for a vote. However, according to the Brown Act and the Sunshine Ordinance, a vote can not take place without a quorum and thus voting on the minutes must be postponed until the next meeting. The Governance Task Force will be reporting on these issues during their presentation at the next meeting on January 28th.

Steven Tierney reported that, when a meeting fails to meet quorum, other organizations adjourn the meeting. He proposed this matter be discussed further in the future. Toni Y. responded that items requiring decisions must be tabled for the next meeting when there is no quorum. Only items which do not require a vote will be discussed.

## 3. PUBLIC COMMENT

No public comment was made at the meeting.

## 4. PROPOSED STRUCTURE FOR 1999 - DISCUSSION

Concerns have been raised by HPPC members regarding the number of meetings proposed for 1999. In view of diverse opinions, Process Evaluation will be surveying individual members to address these concerns. The results will be gathered, analyzed, and presented to the HPPC by Kathleen and Kevin Roe. The Co-Chairs will review the questionnaire to determine if there are any additional questions. Members should be prepared to commit about thirty minutes. The questionnaire will be administered by phone, fax, mail, or in person. Surveying will begin next week - January 18th.

## 5. COMMUNITY CO-CHAIR CANDIDATE STATEMENTS

Toni Young's letter of candidacy was mailed along with the agenda prior to the HPPC. She briefly reiterated her candidacy statement and her commitment to the HPPC. She is the only candidate for Community Co-Chair. The deadline for filing candidacy closed December 31st.

## 6. ELECTION OF COMMUNITY CO-CHAIR

The election of the Community Co-Chair has been postponed to the next meeting on January 28th due to the lack of quorum.

## 7. DIRECTOR'S REPORT

Larry Meredith reviewed the Director's Report with the HPPC. It has been attached to the minutes.

## 8. PRESENTATION OF THE CONDENSED PLAN (Vote to accept 1/28)

Harder + Co. introduced copies of the Condensed Plan and copies of chapters 9 and 10 to the HPPC. When the Plan was distributed in November, chapters 9 and 10 had not yet been completed. Michael DeMayo asked that members missing only chapters 9 and 10 take only those two chapters. The Condensed Plan is comprised of the shortened version of the full Plan from 1997 and the addendum from 1998. It was developed so that recommendations and grant

guidelines can be identified quickly. A final vote to accept the Condensed Plan will be taken at the next meeting on January 28th. Member feedback should be given to Harder + Co. prior to the next meeting. Once the Condensed plan has been accepted, it will be sent to providers and made available at the AIDS Office for members to pick up.

**9. Break: 3:50 PM - 4:05 PM**

**10. WHY WE ARE HERE: THE PRINCIPLES OF PLANNING AND IMPLEMENTATION**

Together Michael DeMayo and Tracey Packer introduced a presentation and discussion on the principles of community planning. They presented a flow chart entitled, "HIV Prevention Planning: A Contemporary Public Health Approach" that describes the process of planning, implementation, service delivery, and evaluation based on public health principles (attached to the minutes). The emphasis in the model is that all of these processes, planning, implementation, service delivery, and evaluation are evidence-based. In other words, a principle of public health is to base decisions on data, needs assessments, and community values and information. The HIV Prevention Planning Council is involved in the planning stage, using community values, perceptions, epidemiology, and other data to set priorities for HIV prevention. This model will be referred to as we continue training and orientation on community planning and public health principles.

Members and technical/logistical support were asked to introduce themselves and explain their reasons for participating with the HPPC. Members, consultants, and staff shared the paths that brought them to HIV prevention and to HIV Prevention Planning.

Michael DeMayo ended the discussion by explaining that individual commitments and how they all come together in the group is what the HPPC is all about. Orientations of this sort will continue between other business of the HPPC.

**11. COMMITTEE ASSIGNMENTS**

The Co-Chairs distributed copies of committee assignments to members (attached to minutes). Anyone unhappy about their assignments should see Tracey Packer. Everyone was given their first choice. Marcos B. should be listed under Epi/Assessment and Priority Setting instead of Membership.

**12. CLOSURE AND EVALUATION**

**Adjourn: 5:30 PM**

***Attached to minutes for absent members:***

- HIV Prevention Director's Report
- HIV Prevention Planning: A Contemporary Public Health Approach
- Results of the Transgender Community Health Project Community Forum announcement
- 1999 Committee Choices
- Letter from the Governance Task Force
- Process Evaluation: Meeting #24
- UCSF CAPS newsletter
- Sisters Indulge Community with Guilt-Free Grants Fund

# HIV PREVENTION PLANNING COUNCIL MEETING

**January 28, 1999**
**3:00 PM to 6:00 PM**
**First Unitarian Church**
**1187 Franklin Street (@ Geary)**
**San Francisco**

Meeting called by: **Co-Chairs:**
Larry Meredith
Steven Sams
A. Toni Young

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***Please read and bring:***

- **Agenda**
- **Minutes of 12/10, 12/17, and 1/14**
- **Packet from Governance Task Force**

## All Items Include Public Comment

| | | |
|---|---|---|
| 1. Food/Welcome/Introductions/Announcements | Steven Sams | 3:00 – 3:20 PM |
| 2. Review & Approval of Minutes from 12/10, 12/17, & 1/14 | Steven Sams | 3:20 – 3:25 PM |
| 3. Public Comment | Steven Sams | 3:25 – 3:35 PM |
| 4. Acknowledgements | Tracey Packer & Steven Sams | 3:35 - 3:45 PM |
| 5. Election of Community Co-Chair | Larry Meredith | 3:45 - 3:55 PM |
| 6. Approval of Condensed Plan - Vote | | 3:55 - 4:00 PM |
| 7. Governance Task Force Report- Part I | Governance Task Force Mbrs | 4:00 - 4:45 PM |
| 8. B R E A K | | 4:45 - 4:55 PM |
| 9. Governance Task Force Report - Part II - Vote | Governance Task Force Mbrs | 4:55 - 5:55 PM |
| 10. Closure and Evaluation | Steven Sams | 5:55 - 6:00 PM |

### UPCOMING MEETINGS

***Note: All meetings are open to the public and are held in handicapped accessible facilities. Alloted time periods for agenda items are approximate and may require adjustments.***

*HPPC Meeting* - Thursday, February 11, 3-6 PM, First Unitarian Church, 1187 Franklin Street (@ Geary)

*HPPC Retreat* - Thursday, February 25, 9-5 (?) PM, Ferry Building, Port Commission Room.

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DPH

# HIV PREVENTION PLANNING COUNCIL
## Minutes of January 28, 1999

| | |
|---|---|
| HPPC: *Meeting* | Thurs, February 11, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. |
| HPPC: *Retreat* | To be Reschedule. |

**Members Present:**
Michael Bogan
Carla Clynes
Manny DaCalanio
Michael Discepola
Brenda Escobar
Sister MaryMae Himm
Jaron Kanegson
Jennifer Lorvick
Byron Mason
Melinda Martin
Mazdak Mazarei
Willi McFarland
Larry Meredith
John Newmeyer
Shawn O'Hearn
J. Colin Partridge
Dawn Passar
Jeff Poltl
Father River Sims
Danielle Stringer
Steven Tierney
A. Toni Young

**Members Absent:**
Marcos Bañales
Joan Benoit
Dredge Byung'chu Kang
Michael Caruso
Rowena Esquires
Dave Hubbard
Stephen King
Lauren Michaels
Helen Miramontes
Henry Ocampo
María Rinaldi
John Blake West

**Parliamentarian:**
Tony Leone

**Harder + Co.**
Kristin DuBay Horton

**Guests:**
Darryl Burton-CSAS
David Kurdt-Agressive AIDS Prevention, Inc.
Cynthia Laird-Bay Area Reporter
Tomas Rodriguez-CDC Representative
Victoria Schneider-EDA/UCSFr
Paula Jesson-Deputy City Att
Amy Ackerman-Deputy City Att.

**Process Evaluation Team:**
Wendy Hussey
Kathleen Roe
Kevin Roe
Yumary Ruiz

**DPH/AIDS Office Staff:**
Elizabeth Davis
Delia Garcia
Gil Gerald
Tracey Packer
Peter Twyman

**Polaris R & D, Inc.**
Amalia Fernandez-Niewendorp
Marin Trujillo

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### 1. Welcome, Introductions, Announcements

Steven Sams convened the meeting shortly after 3:00 p.m. Asked members and guests to introduce themselves, and asked if there were any announcements.

- *Member Absences*

  Marcos Bañales, Dredge Byung'chu Kang, Dave Hubbard, Stephen King, Henry Ocampo, Helen Miramontes, John Blake West.

*Steven Sams*

- A moment of silence was dedicated to the memory of all the victims of the earthquake in Colombia. All present in the gallery who wished to speak were reminded to fill out the appropriate form. All members were reminded to use their dialog boxes as much as possible throughout the meeting.

*Willi McFarland*

- The DPH will begin a survey to look at the prevalence of HIV and risk behavior within API (Asian Pacific Islander) youth. The HPPC had previously selected API youth as a high

priority for research on risk behavior and seroprevalence. A community assessment forum will begin soon, and the DPH will begin hiring for this project next quarter. A data report form the MMWR (Morbidity and Mortality Weekly Report) reported an increase in rectal gonorrhea among MSM (men who have sex with men) in conjunction with an increase on reported behavioral risk.

*Carla Clyne*

- The first Transgender Community Health Project report results are completed and will be announced at Glide Church -Freedom Hall, 330 Ellis St- on February 18, from 5 to 7 p.m. The first CAB meeting of 1999 for the prevention case management study was held on January 27.

*Dawn Passar*

- Is currently seeking employment.

*Kathleen Roe*

- The Attendance Survey results from Process Evaluation were completed and are available at your seats. Process Evaluation will be conducting a survey/interview with HPPC members.

*Sister MaryMae Himm*

- The Sisters of Perpetual Indulgence are currently accepting proposals for the Guilt Free Community Grant Fund, earmarked for programs that focus on creating a sex positive street community. The information was mailed to all members with the minutes of January 14. The Sisters will hold their first sex party *The PanSexual Sex Party/Cabaret* at 9:00 p.m. on February 5 at The Power Exchange.
- The Sisters are accepting proposals for their Easter 1999 Grants, which are small grants of $500. For more information, please talk to Sister MaryMae.
- The Sisters are seeking formal letters of support from CBOs in favor of closing down Castro Street for their 20th anniversary on April 4 on Castro Street. The Sisters expect to give away up to $14,000 in grants and to hold a picnic competition.

*Kristin duBay Horton*

- Michael DeMayo will not be present at this meeting due to a death in the family.

*Tracey Packer*

- Jennifer Lorvick and Brenda Escobar will be late.
- The 1999 HPPC Committee assignments have been passed out. Any questions regarding the assignments should be addressed to her or Betty Chan Lew of the AO.
- Nomination forms for membership to the HPPC and its committees have been mailed out to all CBOs. John Blake West is in charge of recruitment. The deadline for nominations is March 19. All new members will receive an orientation before their term begins on June 1.
- Derryl Burton from *The Treatment on Demand Planning Council* and Laura Thomas from *The HIV Health Service Planning Council* have been meeting with Tracey to formalize a relationship between all three councils. The three councils will begin presenting joint workshops for all members. The first training, "How to use Epidemiology to tell the Health Department what to do", is designed to teach council members how to read epidemiology reports.

*Toni Young*

- Attended the U-CHAPS (Urban -Coalition of HIV/AIDS Prevention Services) in Houston. She asked that Gil Gerald of the AO distribute a summary report of the meeting.

*Larry Meredith*

- Welcomed Tomas Rodriguez, of CDC who spent this week in San Francisco visiting directly funded CDC projects.
- There will be a Health Commission Meeting on Tuesday February 2, at 3:00 p.m. at 101 Grove Street, Room #300. The meeting concerns the Health Commission's budget allocation for the year 1999-2000. Larry recommended members attend and participate.
- Also noted that the Director's report was available on the back table.

*Kevin Roe*

- Thanked all members who returned the poll fax sent out by Process Evaluation. A special recognition was given to Joan Benoit for returning her answers within 10 minutes. As a thank you, she will receive a CD of the sounds of the 80's.

*Darryl Burton-CSAS*

- The Treatment on Demand Council and the HIV Health Services Planning Council and the HPPC will also present a workshop on contracts and contract processes within in the city in the future. All HPPC members are invited to attend the meetings of the Treatment on Demand Council which meets next Thursday from 4 to 7 p.m., at 1500 Mission.

*Elizabeth Davis*

- The HIV Prevention Section will be redesigning their monitoring report. They are currently seeking providers who have previously answered the report to participate in their focus group. The focus group will meet on February 10 from 11 to 1 p.m. Food will be provided. Please call Elizabeth at 554-9994 and RSVP, space is limited to 12 people.
- *The Outreach Providers Meeting* will be held on March 3 from 10 to 12 p.m. The meeting is intended for outreach workers. It will meet quarterly. The topic will be, Harm Reduction Services -California Advocates for Methadone patients. All persons present will receive a survey seeking imput on future topics and recommended speakers. Elizabeth hopes that future meetings will not have to be held at the AO.

**2. Review & Approval of Minutes.**

⇒ Minutes of December 10 were approved with out corrections

⇒ Minutes of December 17 were approved with out corrections

⇒ The minutes of January 14 were approved as *corrected*

**Correction:** The minutes will state that Michael Discepola did inform in a timely fashion to the HPPC of his inability to attend the HPPC meeting because of illness.

**3. Public Comment**

*Bill Barnes, San Francisco Mayor's Office*

- Stated that he is working on the AIDS summit recommendations. He reported some accomplishments.
- Announced that after the last Mayor's summit the Mayor's Office allocated $170,000 to assist in HIV prevention in the Latino community. This is a direct result of comments expressed by

the Latino community representative who indicated it did not have enough services to meet its populations' needs.

- The Mayors office is committed to needle exchange this year. Needle exchange programs in San Francisco are currently funded through general funds and private donations. The CDC prohibits U.S. Federal dollars from being used for this type of intervention.
- The Mayor's Office plans to recommend an HIV reporting system that uses unique identifiers. The CDC requires a tracking system. The Mayor's office supports a system that could track without compromising the confidentiality of those living with HIV. The Mayor's Office hopes that, in light of the reported increase of BR (behavioral risk) such as rectal gonorrhea, the HPPC and the Mayor's Office can work together to develop a suitable system.

**4. Acknowledgments**

*Larry Meredith*

- The 5 core objectives for community planning were blown up and inscribed in a banner that will be displayed at every HPPC meeting.

*Steven Sams*

- Presented the consultants of Harder +Co with certificates of appreciation and with toy cars, intended to symbolize Harder's role as the road map of the HPPC.
- Presented Process Evaluation with certificates of appreciation and with sets of compasses and protractors, intended to represent the guidance they provide to the Council.
- Presented Polaris R&D. with certificates of appreciation and with toy tea sets, intended to symbolize the good food they provide to the HPPC.
- Presented Tony Leone with a certificate of appreciation and a toy sword, representing the law of governing documents.

◊ Larry Meredith, recognized the great effort that Technical support, Process evaluation and Logistical support have offered the HPPC; making the HPPC a model in community planning

**5. Election of Community Co-Chair**

Larry Meredith introduced the candidates for the position of Community Co-Chair of the HPPC. A. Toni Young was the only person running for the position. ***Steven Sams motioned to reelect by unanimous consent A. Toni Young as Community Co-Chair of the HPPC. The motion was approved unanimously.***

In Favor: 19
Opposed: 0
Abstained: 0

**6. Approval of the Condensed Plan**

Kristin duBay-Horton of Harder + Co. reported that no comments were received from HPPC members regarding the Plan's readiness for distribution. ***A. Toni Young motioned to approve the Condensed version of the Plan as is. The motion was approved.***

In Favor: 15

Opposed: 0
Abstained: 4

**7. Governance Task Force Report- Part I**

The Governance Task Force began their presentation by presenting a skit to the HPPC. The skit, in the form of a play, narrated the confusion that the HPPC experienced when it was threatened with a lawsuit.

**8. Break**

**9. Governance Task Force Presentation- Part II- Vote**

The Governance Task Force presented its recommendations to the HPPC on the future revisions of the HPPC Bylaws and Standing Rules. It gave a chronological narrative of the decisions it took. Among them, the Task Force decided that a single person should be in charge of keeping the Standing Rules. These rules are a collection of the HPPC's Bylaws and other policy documents. The Task Force also discovered that, except for Proxy voting, the Brown Act and the Sunshine Ordinance had limited impact on the HPPC's Bylaws. A set of draft Bylaws was created, do to changes over time in the way the HPPC does business, this draft still needs to be updated and finalized.

***The Task Force made motions to: 1) divide all governance documents into Bylaws and Standing Rules; 2) turn over the revised drafts of the Bylaws and Standing rules to the Steering Committee for completion. The motion was approved unanimously.***

In Favor: 20
Opposed: 0
Abstained: 0

The Task Force then presented the conflicts it found between the current practices of HPPC and the Brown Act and the Sunshine Ordinance.

**The Task Force identified four main conflicts:**

**Conflict number one: The Public**
Both the CDC guidance and the Brown Act demand that a council (such as the HPPC) facilitate a free and open process for "the public." The CDC considers "the public" to be those who are part of the council, while the Brown Act considers "the public" to be those who are not part of the council.

The implication of this conflict for the HPPC is the prohibition against Proxy Voting. The CDC mandates a process which poses no barriers for members of the council to participate; the Brown Act & Sunshine Ordinance do not allow voting with out attendance. For more information, please refer to the Governance Task Force Presentation package.

**Conflict number two: Agenda Changes**

The Brown Act (BA) & Sunshine Ordinance (SO) dictate that an item cannot be added to an agenda if it has not been previously posted (72 hours prior to a regular meeting) The CDC dictates that the council's process should be open to allow members to participate meaningfully.

The BA & SO do allow changes in the agenda. The BA & SO allow an item to be added to an agenda when the council's lack of action may put public safety in danger. The BA & SO allow an item to be discussed the same day of a regular meeting. However, this can only happen after the body votes to hold a special meeting. The CDC has no limitations.

**Conflict number three: Serial meetings vs. Mandated process evaluation.**
The CDC mandates that each CPG evaluate its process. The BA & SO prohibits meetings that are not open to the public, such as poll faxing, conference calls, etc.

**Conflict number four: Closed meetings.**
The BA & SO prohibit closed meetings. The HPPC Bylaws allow it to hold retreats that are not open to the public. The BA & SO also do not allow secret ballots, private retreats, or private co-chair meetings.

This is a problem to the HPPC because closed co-chair meetings are use to resolve conflict issues between members. In addition, open retreats can make it difficult for members to open up.

The Task Force reviewed the City Attorney's recommendations on the applicability, and ramifications of not following the BA & SO.

◊ The City Attorney advised that that although the HPPC may choose not to comply with the BA & SO, it must abide with the passive requirements of the Sunshine Ordinance.

◊ **Time, Place and Agenda of Meeting must be available to public upon request.**
◊ **Spectators are allowed to observe on a space available basis.**
◊ **Public comment allowed by presiding person's discretion.**
◊ **Refreshments need not be provided to spectators.**
◊ **May hold close sessions under any circumstance.**

⇒ The City Attorney recommended Delegate voting to replace Proxy Voting. Delegate voting would allow a member of the HPPC to delegate a person (not a member of the HPPC) to attend a meeting which the member is not available to attend. The delegate and the HPPC member would not be able to discuss the subject to be voted on. The delegate is free to vote as he or she may wish.

⇒ The City Attorney advised the HPPC on the ramifications of a lawsuit if it loses:

- Council members could be charged with a misdemeanor for not following the Brown Act.
- All votes taken while out of compliance could be handle null and void in which case the HPPC would have to correct these votes.
- The case would be defended by the City Attorney's office and the city would cover plaintiff's attorney's fees (the money would come out of the city's general fund.).

At this time, the Governance Task clarified the following issues:

1. Process Evaluation's polls are not considered serial meetings. The polls that Process Evaluation run are not intended to collect a concurrence for an action to be taken by the council as a whole. Rather, they are one on one information gatherers, which report to the HPPC, in public of their results.

2. Any individual, organization or the City Attorney may sue the HPPC. A lawsuit could be expected when an individual feels that the Council is not abiding by the laws that govern the functions of an open body.

3. The addition of an action item that was allowed to be introduced under the "Public endangerment" rule, may still be fought in court.

At this time, Sister MaryMae Himm motioned to vote at this meeting on the Governance Task Force final recommendations.-The motion was tabled till the end of the presentation.

The Governance Task Force continued with their presentation. The Governance Task Force offered three options to the HPPC; Full compliance, Partial compliance, Non Compliance.

**Full Compliance**
If the HPPC chooses Full Compliance it will have to comply with all aspects of the BA & SO. Peter Twyman presented the benefits of this option. The HPPC would not have to worry about a lawsuit. Proxy Voting could easily be replaced by Delegate Voting. The HPPC is currently in full compliance of the BA & SO. As for the concerned of close retreats, Peter reminded members that the HPPC held its last retreat open, and that did not cause any problem.

**Partial Compliance**
Toni Young presented the Council with the option of Partial Compliance. Partial compliance would mean that the HPPC would abide by the passive requirement of the SO, but would not abide by the policy requirements of the BA & SO. Hence, the HPPC would not abide by any policy that would conflict with the HPPC's ability to meet the CDC's goal of community planning (barrier free process, achieving parity, inclusion, etc.)

*Specifically, partial compliance would allow the HPPC to:*
2. Have Proxy Voting
3. Have closed meetings when needed.
4. Have serial meetings.

*The HPPC would continue to:*
5. Post all meetings.
6. Make minutes available to the public.
7. Allow public comment in their meetings.
8. Continue to hold meetings in locations that are accessible to the public.
9. The Bylaws would still include in the, place and date of regular meetings.

**Non Compliance**
Michael Bogan presented the Council with the Non-compliance option. Non-Compliance would mean that the Council would only abide by the passive requirements of the SO, but would not comply with the policy requirements of the SO & BA. Michael explained the benefits of acting

under non-compliance. The HPPC could have closed meetings when it chose to, have Proxy voting, and could act in a manner that would be uninhibited by legal barriers.

At this time Sister MaryMae Himm's motions was untabled.
The HPPC moved to hold a vote that would decide which option it would adopt.
The motion was approved by:

In favor: 14
Opposed: 4
Abstained: 1

The Council took a 5 minute break to review the options.

After the break, Michael Bogan motioned to put all three options to ballot. If two of the options were to be tied, a run off between those two motions would be held. The Motion was approved unanimously.

In Favor: 19
Opposed: 0
Abstained: 0

The Council discussed the three options it was presented with.

*Under Full compliance:*
Some Members felt the HPPC should work under full compliance and then would not need to worry about a lawsuit.

*Under Partial compliance:*
Members felt that partial compliance is open enough to allow the public to meaningfully participate, and to allow the Council to continue its work.

*Under Non compliance:*
Some members felt the Council should never spend time dealing with issues that have nothing to do with the HIV epidemic

Other members felt the Council is a model body, meaning that it would never do anything to prevent inclusion or full openness of events.

The HPPC held a vote to decide which option it would adopt.

Full compliance received 3 votes.
Partial compliance received 13 votes.
Non compliance received 2 votes.
One member abstained.

Partial Compliance was adopted by the HPPC.

## 10. Closure and Evaluation.

The Council Adjourned.

*Attached to minutes for absent members:*

- Agenda
- City Attorney's Report
- Flyers on
  -Transgender Community Health Project meeting
  -Outreach Provider Meeting
  -HPPC Retreat
  -HIV Prevention Contractors Focus group
- Governance Task Force presentation Package
- Director's Report
- HPPC membership Nomination Form
- HPPC procedure for inviting Community Members to join Committees- form
- Process Evaluation Attendance Survey Results.

Minutes Written by: Marin Trujillo
Minutes Reviewed by:Tracey Packer, Steven Sams, Toni Young.

# HIV PREVENTION PLANNING COUNCIL MEETING

**February 11, 1999**
**3:00 PM to 6:00 PM**
**First Unitarian Church**
**1187 Franklin Street (@ Geary)**
**San Francisco**

Meeting called by: **Co-Chairs:**
Larry Meredith
Steven Sams
A. Toni Young

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***Please read and bring:***

- **Agenda**
- **Minutes of January 28, 1999**
- **"HIV Infection Among Men of Color Who Have Sex with Men in San Francisco: A Review of the Literature"**

## All Items Include Public Comment

| | | | |
|---|---|---|---|
| 1. | Food/Welcome/Introductions/Announcements | Toni Young | 3:00 – 3:20 PM |
| 2. | Review & Approval of Minutes from 1/28/99 | Toni Young | 3:20 – 3:25 PM |
| 3. | Public Comment | Toni Young | 3:25 – 3:35 PM |
| 4. | New Business/Council Member Agenda Input | Toni Young | 3:35 – 3:45 PM |
| 5. | Discussion of Number of Council Meetings – Possible Vote | Steven Sams | 3:45 – 3:55 PM |
| 6. | Regional Meeting for African American Gay Men - Select Representative | Toni Young | 3:55 – 4:00 PM |
| 7. | Strategic Evaluation Task Force Report: Recommendations on Research Priorities (Action) | J. Colin Partridge | 4:00 – 4:45 PM |
| 8. | B R E A K | | 4:45 – 4:55 PM |
| 9. | Men of Color Needs Assessment Report | J. Colin Partridge | 4:55 – 5:40 PM |
| 10. | Meet in Committees | Toni Young | 5:40 – 5:55 PM |
| 11. | Closure and Evaluation | Toni Young | 5:55 - 6:00 PM |

## UPCOMING MEETINGS

***Note: All meetings are open to the public and are held in handicapped accessible facilities. Alloted time periods for agenda items are approximate and may require adjustments.***

*HPPC Retreat* –Announcement to be made at meeting regarding retreat date.

*HPPC Meeting* - Thursday, March 11, 3-6 PM, First Unitarian Church, 1187 Franklin Street (@ Geary)

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DPH

# HIV PREVENTION PLANNING COUNCIL
## Minutes of February 11, 1999

| | |
|---|---|
| HPPC: *Meeting* | Thurs, February 11, 3:00-6:00 p.m., First Unitarian Church, 1187 Franklin St. |
| HPPC: *Retreat* | Tentatively reschedule for April 8. |

2
3
1/11/99

**Members Present:**
Joan Benoit
Michael Bogan
DredgeByung'chu Kang
Carla Clynes
Manny DaCalanio
Michael Discepola
Brenda Escobar
Dave Hubbard
Stephen King
Jennifer Lorvick
Byron Mason
Melinda Martin
Mazdak Mazarei
Willi McFarland
Larry Meredith
Shawn O'Hearn
Henry Ocampo
J. Colin Partridge
Dawn Passar
Jeff Poltl
María Rinaldi
Steven Sams
John Blake West
A. Toni Young

**Members Absent:**
Marcos Bañales
Michael Caruso
Rowena Esquires
Sister MaryMae Himm
Jaron Kanegson
Lauren Michaels
John Newmeyer
Father River Sims
Danielle Stringer
Steven Tierney

**Parliamentarian:**
Tony Leone

**Harder + Co.**
Kristin duBay Horton
Michael DeMayo

**Guests:**
Cynthia Laird
Vladimir Oliveros
Victoria Schneider
Rosalind Wright

**Process Evaluation Team:**
Wendy Hussey
Kathleen Roe
Kevin Roe
Yumary Ruiz

**DPH/AIDS Office Staff:**
Elizabeth Davis
Delia Garcia
Gil Gerald
Mike Pendo
Peter Twyman

**Polaris R & D, Inc.**
Amalia Fernandez-Niewendorp
Marin Trujillo

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**1. Welcome, Introductions, Announcements**

A. Toni Young convened the meeting shortly after 3:00 p.m. Asked members and guests to introduce themselves, and asked if there were any announcements.

- *Member Absences*

  Lauren Michaels, Sister MaryMae Himm, Danielle Stringer,

*A. Toni Young*

- A report of the Retrovirus Conference in Chicago is available to all members. The report is also available in CD-ROM, please contact Toni if you wish to borrow it.
- The 1999 People of Color Living with HIV Leadership Forum is scheduled to take place from April 15 to 19, if any one would like to attend please contact Toni for the application.
- The Executive Directors Summit will be held in St. Thomas. This summit is only for executive directors of HIV agencies.
- Members who wish to attend the 11th national HIV/AIDS Update Conference should be aware that the scholarship deadline is 2-12-99.
- Reggie Williams died on February 7. She asked members to honor his memory through the daily work that will bring an end to AIDS.

*Gil Gerald.*

- Was present at this meeting as representative of the AO, in place of Tracey Packer who was unable to attend.
- Announced that Larry Meredith would be late.
- Suggested to members to review the Director's report. In particular, the State of California's announcement that it will flat funded the AO for the year of 99-00. Such funds will be use to continue the implementation of the Plan which the Council created.
- The AO has reopened the recruitment and hiring process for the CTRPN-2593 position. The position continues to be vacant because the top two candidates declined. The new application deadline is March 5.

*John Blake West*

- Reported that the HPPC retreat will be tentatively rescheduled for April 8. The retreat has been postponed because the Council has not been able to secure a facilitator.
- Is currently working with the Ministry of Peace of France to evaluate their HIV efforts. He will be returning to France several times this year to look at HIV Prevention for French IDUs

*Mazdak Mazarei*

- The Wedge Program will hold an open house today from 4 to 7 p.m. He will leave early in order to attend.

*Shawn O'Hearn*

- Announced he has redistributed a letter that urges the HPPC to reduce the amount of meetings it holds a month.
- Urged members to attend a meeting by HEAL San Francisco on February 24 at the Park Branch Library, 1833 Page St. from 7:30 to 9:30 p.m.

*Dawn Passar*

- Was elected vice president of the Thai Association for Northern California.
- Is currently accepting donations for her trip to Taiwan on March. She would like to take HIV medications, and antibiotics.
- Invites everyone to attend The Sleazy Whore Church Valentine's Edition at 9:30 p.m. on Sunday February 14 at the DNA Lounge on 11 and Harrison.

*Henry Ocampo*

- Formally resigned from the HPPC, effective today.

*Maria Rinaldi*

- Informed the Council that representatives of Instituto Familiar de La Raza would like to speak at the public comment section.
- Would like to know what has happened to the funding for women.
- She would also like to know who will attend The Community Planning Prevention Summit.

*Michael Descepola*

- Asked what will be the deadline was for membership nominations to this council
- Asked what is the current situation with the money for primary prevention for HIV + programs (please clarify what he what he was talking about)/ Would also like to know what has happened to the media

portion of an RFP, pertaining to the lack of allocation to media. (Again, Toni, or Steven if you could please fill me in.)

*Byron Mason*

- The Collaborative Voice, the HPPC newsletter will soon resume publishing. Members are urged to contact Byron or Manny if they wish to have an article published.

*Manny DaCalanio*

- Will be leaving early.

*Steven Sams*

- Council members who were members for the whole year of 98 need to pick up their Certificates of appreciation
- The United States Postal Service has put the NAMES Project AIDS Memorial Quilt on ballot for the commemoration of "AIDS Awareness." People may vote via Internet or by visiting any postal office.
- Due to a recent change on his position at work, he will no longer be able to attend the HPPC meetings, or any of its committees. Steven formally submitted his resignation as Community Co-chair, effective today. He deeply regrets this action, and wishes he could continue to work with the Council. The council wished him well and regretfully accepted his resignation and recognized Steven Sams for his contribution to the Council.
- A new election must be held to elect a new Community Co-chair for the HPPC

*J. Colin Partridge*

- Will not attend the next three council meetings. He will be out of the country for the next six weeks.

**2. Review & Approval of Minutes.**

The minutes of January 28 were approved.
In favor: 9
Opposed:0
Abstained: 7

**3. Public Comment**

*Vladimir Oliveros,*
*Gustavo Cravioto,*
*Berta Hernandez, and Tweggy Dami,* **Instituto Familiar De La Raza.**

- Instituto Familiar De La Raza is currently undergoing contract negotiations with the AIDS Office. However, such negotiations have been stalled. For the last three years, Instituto Familiar De La Raza has conducted venue based group outreach session in the streets of San Francisco. The AO has recently told Instituto that it may not call a group of less than 15, venue based group outreach. The Instituto's experience with this type of outreach tells them that groups as large as 15 are not possible. The AO wants Instituto to change the name of this intervention to single session group workshops. Instituto would like the HPPC to intervene on their behalf at the next Health Commission meeting. Instituto feels they are in full compliance of the HIV Plan, which does not specify a number to classify what a group should be. Further, Instituto feels, their extensive experience with this type of outreach has been disregarded by the AO.
- The Instituto expressed their disappointment at the lack of initiative they feel the HPPC has shown to their demands in past requests. The Instituto hopes this time, the Council will take action.

Gil Gerald of the AO, informed the Council that he was not prepared to respond. The council also informed the Instituto that it could not intervene on contract negotiations. It was suggested by some in the Council to put this problem as an agenda item for the next HPPC meeting so that it can be research thoroughly. Others suggested a complete revision of each intervention and its criteria should be reviewed by the Council.

Maria apologized for not having come to the Council sooner, but informed the Council that this development had just occurred today. Maria Rinaldi explained that immediate action by the Council was needed since Instituto Familiar and the Health Commission would meet before the next HPPC meeting.

Steven Sams Asked for clarification on the actual request being made by the members of the public regarding and HPPC decision. Steven reminded everyone that the council was a body that made recommendations on how priorities are set, definitions for prevention methods and interventions, but that the HPPC was not a body that could arbitrate a contractual dispute between an agency and the AO/DPH Prevention Unit. Steven further suggested that the council could add as an item for discussion at a future HPPC meeting, the refinement of the Intervention Definitions.

**Maria Rinaldi motioned to have a discussion and take action on this issue at today's meeting.**

⇒ Tony Leone advised the Council that it could not discuss this item and take action unless it chose to: 1) Motion to introduce this item as urgent enough that a lack of action by the Council would put public health at risk or 2) Motion to hold a special meeting right after this meeting to discuss the item and take action on it. The motion was dropped.

The council thanked Instituto Familiar De La Raza for their announcement and promised to research the issue at a future meeting.

**4. New Business/Council Member Agenda Input**

The New Business section will be a permanent item of the agenda. This section will be used for members to advise the Steering Committee of new business for future meetings.

Maria Rinaldi

- Had previously asked how many Council members would attend The Community Planning Prevention Summit of March 24 to 27. Toni Young informed the Council she has secured space for a second member of the council to attend. Joan Benoit, Maria Rinaldi, and Michael Decepola expressed their desire to attend the summit. The HPPC co-chairs and Larry Meredith will decide who will attend.

**Agenda Input items:**

- Maria Rinaldi asked that a report on the status of funds set aside for Women's programs be given as soon as possible.
- Michael Decepola asked that reports be given on the Demonstration Project for HIV Positives and small media portion of the RFP for Prevention Services Targeting Methamemphetamine using MSM.

**5. Discussion of Number of council meetings-possible vote**

The Council entertained discussion on the number of meetings it should have. Shaw O'Hearn crated a letter, which asked the HPPC to reconsider the number of meetings, stating that they are excessive and not productive. He would like for the HPPC to shorten the meetings, and reformat its procedure, so as to reduce the amount of time it spends dealing with items that are not directly related to HIV prevention.

*Shaw O'Hearn motioned to reduce the number of meetings the Council holds from two to one a month.*
*Michael Bogan motioned to amend the motion by: Motioning that the Council recommends to the Steering Committee to examine the possibilities of having fewer meetings.*
In Favor: 9
Opposed: 6
Abstained: 0

*The Complete Motion was repeated by Steven Sams as follow: The Council moves to recommend to the Steering committee that it reduce the number of meeting the Council holds per month, from two to one.*
**In favor of reduction:**
- Some members would like to see less time spent on items that are of low significance to the prevention of HIV.
- Some members felt that a reduction of meetings is feasible if the HPPC can effectively dictate that the majority of the Council's work will be done in committees and task forces. However, this could only work after the Council decides that its subcommittee's recommendations should not be reexamined once they are presented. Such change would allow the council to do all its work and still hold fewer meetings.
- Some members felt only certain things should be dealt with at the Council level, such as decisions on prioritization, allowing for fewer meetings.

**Against reduction:**
- Some members felt that by nature, the HPPC has many items that only the body as a whole may discuss and approve.
- The number of meetings should not reduced because of the administrative duties the Council must perform.

The Motion was passed by:
In Favor: 15
Opposed: 4
Abstentions: 1

**6. CDC Regional Consultations on the Technical Assistance Needs of African American Gay Men - select representative**
The Council selected Byron Mason as their representative to the CDC Regional Consultations taking place in Los Angeles, February 26 through 28.

**7. Strategic Evaluation Task Force Report: Recommendations on Research Priorities (action)**
The Strategic Evaluation presented the Council with its recommendations on Prioritization of Unmet Research Needs. Colin Partridge thanked Gil Gerald and Kristin duBay for their work on the Strategic Evaluation Task Force.

Colin gave a brief history of the Task Force's work. The Strategic Evaluation Task Force was created by the Council to provide guidance to the AO in the implementation of all three levels of the five-year strategic evaluation plan. As of 1997, the Task Force in conjunction with Harder + Co developed a list of studies that were conducted in San Francisco. This list was used to set research priorities and to inform the San Francisco prevention community on the latest forms of HIV prevention. The Task Force has identified "gaps" in intervention for all BRPs. Their goal for 1998 was to prioritize the identified gaps.

Due to a lack of time, the Task Force's recommendations were postponed until the meeting of February 25. This was done to allow Tia Martinez, who helped on the Men of Color Needs Assessment Report, present at this meeting since she is unable to attend the next meeting.

**8. Break**

**9. Men of Color Needs Assessment Report**

The Men of Color Needs Assessment Report is a direct result from public comments heard at the National Task Force on AIDS Prevention meeting. The Task Force urged the Council to do a comprehensive assessment of needs and services of Men of Color in San Francisco. The Strategic Evaluation Task Force monitored and received updates of the assessment throughout the summer of 98.

Tia Martinez, the principal investigator for the assessment, presented the Council with the results of the assessment. She hopes that this presentation will change the way in which the Council relates ethnicity and HIV infection among MSMs. More poignantly, she hopes the saying " It is not who you are that matters, but what you do," will change to "Sometimes, it is who you are that matters the most."

Men of Color Needs Assessment data collection methodology:

1-A comprehensive literature search was done using Medline debate, local HIV/AIDS surveillance reports.
2-Written research from studies that collected their data in San Francisco between 92-98 were reviewed. Including unpublished studies. The research was limited to research that had a sufficient sample size (n>100) which would meaningfully represent the MSM population.
The following studies were identified:

**HIV Prevalence Studies:**

- Osmond, 1994. Young Men's Health Study.
- Clements, Kristen, 1998. Prevalence of HIV Infection in Transgender individuals.
- Katz, Mitchell, 1998. Young Men's Survey III.
- Lemp, George, 1994. Young Men's Survey II.

**HIV Seroincidence Studies:**

- Buchbinder, Susan; Vittinghoff, Eric, 1997-98. Vaccine Feasibility Study.
- MacFarland, Willie, 1995. Repeat Anonymous HIV Testers.

**Other:**

- Catania, J., 1998. Gay Urban Men's Study.

The Men of Color Needs Assessment relied on live AIDS Cases, updated census figures and survey findings to estimate the following population parameters.

| Race | San Francisco Population | San Francisco's Gay Population |
|---|---|---|
| African American | 10% | 4% |
| API | 32% | 5% |
| Latino | 15% | 8% |
| Native American | 1% | 1% |
| White | 42% | 79% |

The breakdown shows white men as overly represented in the gay community. The Assessment assumes that white MSM's disproportionate numbers are due to socioeconomic factors. It is thought that white

MSM have greater economic resources to relocate to San Francisco and can afford the increasing cost of living in the city. However, this hypothesis is only valid for adult MSMs.

In order for the Assessment to meaningfully give the ethnic breakdown of MSMs, it needed to consider MSM youth studies. MSM youth tend to live in the city, not by choice, but because of their parent's choice. Hence, a combination of studies that study both MSM and MSM youth should give an accurate ethnic breakdown of MSMs. The following is a matrix of different studies that focused on MSM youth:

| Race Ethnicity | GUMS | YMS I | YMS II | Jumpstart |
|---|---|---|---|---|
| WHITE | 79% | 49% | 41% | 70% |
| AFRICAN AMERICAN | 4% | 12% | 19% | 15% |
| LATINO | 8% | 23% | 24% | 7% |
| API | 5% | 11% | 13% | --- |
| NATIVE AMERICAN | 1% | 3% | --- | --- |

Using the numbers found in both of the studies, the MSM youth study and the MSM GUMS study, Tia, was able to create a more accurate racial breakdown of MSM in San Francisco. Tia concluded that African Americans compose 5% of the MSMs, API 6%, Latino 9%, Native American 1%, White 76%, and "other" make up 3% of the MSM population in San Francisco.

The assessment also estimated the Seroprevalence and number of HIV+ MSM and MSM-IDU of color. Four studies were used, YMS II, YMS III, TCHIP and YMHS. The following patters were identified as present in all four studies. African Americans have the highest levels of infection, followed (in descending order) by Latinos, Whites, and Asians. Native Americans were not studied as much as the other racial minorities. Tia advised the Council that Native Americans are repeatedly being understudied, a problem that should be resolved as soon as possible. The assessment estimated the seroprevalence of HIV + MSM of color to be for: African Americans to be 8%, Latino 11%, White 74%, API 5%, Native American 1%. It was further estimated that 338 new HIV infections would occur in 1999 (this includes MSM of all colors and MSF).

The Assessment reviewed rates of unsafe behavior by race/ethnicity, primarily unprotected anal intercourse (UAI) and injection drug use (IDU). The Assessment has determined that unprotected anal intercourse is highest among Latinos 46%, African American 39%, Native American 33%, API 26% and White 24%. When examining MSMIDUs, Native Americans were more likely to report a history of injection drug use. A significant increase was found in Native Americans 25%, in contrast to Whites 15.8%, African Americans 9.6%, and Latino 8.4%.

A complete summary report of the Men of Color Needs Assessment was provided and mailed be Mike Pendo of the AO to all Council members. Due to time constraints, Tia Martinez's presentation will continue at the next meeting.

**10. Meet in Committees**

The Council broke into committees to decide on their first meeting of the year.

⇒ The Strategic Evaluation Task Force will meet on March 10, from 12 to 2:00 p.m. Regular meeting date and time to be determined.

⇒ Steering Committee's regular meeting date and time has not been determined.

⇒ Community Liaison Committee will meet on Monday, March 1, from 2 to 4 p.m. Regular meeting date and time will be determined at their first meeting.

⇒ Priority Setting Committee will meet Wednesday, February 24 from 1 to 4 p.m. Regular meeting date and time will be determined at their first meeting.

⇒ Membership Committee will meet Wednesday March 3, from 11 to 1 p.m. The Committee will meet the first Thursday of every month from 11 to 1 p.m.

**11. Closure and Evaluation**

The Council Adjourned.

***Attached to minutes for absent members:***

- Agenda
- Director's Report
- HPPC Interview Status Report
- Report of Urban Coalition for HIV/AIDS Prevention Services
- Helen Miramontes' letter of resignation
- Men of Color Needs Assessment Memo
- Flyers on:
  1. Whore Church Valentine Party
  2. The AIDS Memorial Quilt, Celebrate the century commemorative stamps program.
  3. HEALSanFrancisco
  4. Bay Area Reporter Article on HPPC
- Strategic Evaluation Task Force slides
- Steven Sams letter of resignation
- AIDS Action report
- Shawn O'Hearn's letter
- Men of Color Needs Assessment slide presentation- part 1.

Minutes Written by: Marin Trujillo
Minutes Reviewed by: Steven Sams, Gil Gerald-AO

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# Men of Color who have Sex with Men

## Needs Assessment, Part 1

HPPC

# Road Map

- Methods
- Population Estimates
- Seroprevalence and Seroincidence
- Behavioral Risks / Predictors of HIV+
  - Unprotected Anal Intercourse (UAI)
  - Injection Drug Use
- African American MSM
- Interventions
- Conclusions

# Methodology

- Study Criteria:
  - Recruited from SF
  - Data collected between '92-'98
  - Adequate size (n>100)
- Sources
  - Medline
  - Local Surveillance Data
  - Semi-Structured Interviews

# Studies Identified

- **HIV Prevalence Studies:**
- Osmond, 1994. Young Men's Health Study
- Clements, Kristen, 1998. Prevalence of HIV Infection in Transgendered individuals
- Katz, Mitchell, 1998. Young Men's Survey III
- Lemp, George, 1994. Young Men's Survey II

- **HIV Seroincidence Studies:**
- Buchbinder, Susan; Vittinghoff, Eric, 1997-98. Vaccine Feasibility Study
- MacFarland, Willie, 1995; Repeat Anonymous HIV Testers

- **Other:**
- Catania, J., 1998. Gay Urban Men's Study

# Comparison of SF Population with GUMS Population

| | DOF | GUMS |
|---|---|---|
| African American | 10% | 4% |
| API | 32% | 5% |
| Latino | 15% | 8% |
| Native American | 1% | 1% |
| White | 42% | 79% |

GUMS has 3% in "other"

# MSM and MSMIDU by Race/Ethnicity

## Population Proportions

| | 1990 Census | Gay Urban Men's Study (1997) | SF Young Men's Health Study | Young Men's Study (1992-1993) | Young Men's Study (1994-1995) |
|---|---|---|---|---|---|
| | | household | household | club based | club based |
| White | 49% | 79% | 77% | 49% | 41% |
| African American | 10% | 4% | 5% | 12% | 19% |
| Latino | 13% | 8% | 9% | 23% | 24% |
| Asian and Pacific Islander | 28% | 5% | 6% | 11% | 13% |
| Native American | .36% | 1% | - | 3% | - |
| Other | | 3% | 3% | 2% | 3% |

# Estimated Ethnic/Racial Breakdown among MSM and MSMIDU

| Race | Percent of Total | Population Size |
|---|---|---|
| African American | 5% | 2155 |
| API | 6% | 2586 |
| Latino | 9% | 3879 |
| Native American | 1% | 431 |
| White | 76% | 32756 |
| Other | 3% | 1293 |
| Total | 100% | 43100 |

# HIV Prevalence Rates

17-24 17-22 Those are all from left here

| Studies | YMS II | YMS III | TCHIP | YMHS |
|---|---|---|---|---|
| African American | 21.2% | 13.3% | 60% | 35% |
| Asian Pacific Islander | 4.2% | 1.8% | 24% | 27% |
| Latino | 9.5% | 5.6% | 27% | 25% |
| Native American | - | - | 25% | - |
| White | 8.1% | 4.3% | 23% | 16% |

# Estimated Seroprevalence and Number of HIV+ MSM and MSMIDU of Color

| Race | Seroprevalence | Total HIV+ | Percent of HIV+ |
|---|---|---|---|
| African American | 0.47 | 1012 | 8% |
| Latino | 0.37 | 1432 | 11% |
| White | 0.3 | 9708 | 74% |
| Asian and Pacific Islander | 0.24 | 624 | 5% |
| Native American | 0.21 | 91 | 1% |
| Other | 0.21 | 268 | 2% |
| Total | | 13135 | 100% |
| Average Seroprevalence | 0.3 | | |

# Estimated HIV Seroincidence among MSM and MSMIDU of Color

| Race | HIV Seroincidence | Total HIV Negative | New HIV infections |
|---|---|---|---|
| African American | 3.00% | 1143 | 34.29 |
| Latino | 1.40% | 2447 | 34.258 |
| White | 1.05% | 23048 | 242.004 |
| API | 0.55% | 1962 | 10.791 |
| Native American | 2.00% | 340 | 6.8 |
| Other | 1.00% | 1025 | 10.25 |
| Total | | 29965 | 338.393 |
| Average Seroincidence | 0.011293 | | |

| Study | Predictors of Unprotected Anal Intercourse | Predictors of HIV seropositivity |
|---|---|---|
| Osmond, 1992<br>Young Men's Health Study<br>Households<br>18-29<br>Seroprevalence | No significant differences in risk behavior by race | Number of partners (receptive anal sex)<br>Race (non-white)<br>Injection drug use |
| Lemp, 1992-1993<br>Young Men's Survey<br>Bars, Clubs, Bookstores<br>18-23<br>Seroprevalence | Sexual abuse<br>Poppers or ETOH use during/before sex<br>No significant differences in risk behaviors by race, age, history of survival sex, or knowledge of current HIV serostatus | History of STDs<br>Number of partners<br>African American race<br>Older age (20-22)<br>History of injection drug use |
| Katz, 1994-1995<br>Young Mens Survey<br>Bars, Clubs, Bookstores | Non-African American race<br>Sex in a bookstore<br>Popper use<br>injection drug use<br>Sex with an IDU | African American: 23.5%<br>White, Latino, API: 5.5%<br>> 9 sex partners ever<br>African American<br>Fisting<br>Needle sharing |
| MacFarland, 1995<br>Anonymous Test Sites<br>MSM<br>Seroincidence | | African American race<br>Age 35 years and younger<br>UAI in the last year<br>Sex with HIV+ person in last year<br>>10 sex partners in last year<br>Popper use during sex in the last year |
| Diaz, 1996<br>Arizona<br>Latino MSM<br>Behavior | Low income<br>Low education<br>Low self-efficacy<br>Drug/ETOH use during sex<br>Public Sex | |
| Choi, 1995-1996<br>Intervention Participants<br>API MSM | Drug and ETOH use | |

| Study | Predictors of Unprotected Anal Intercourse | Predictors of HIV seropositivity |
|---|---|---|
| Fullilove, 1990<br>Population Based<br>BVHP, Western Addition, Mission | No significant differences in risk behavior by race | African American 63% HIV+<br>White 45% HIV+ |
| Buchbinder, 1996<br>Vaccine Feasiblity Study<br>Venue-based, STD clinics | | Seroincidence:<br>White 2.4%<br>Af-Am 4.2%<br>Latino 3.5% |
| Clements, 1998<br>Transgender MTF | No significant differences in risk behavior by race | African American race<br>Low income<br># of male partners (>150)<br>History of STD<br>Inject street drugs<br>Inject hormones |

# Prevalence of Unprotected Anal Intercourse

Past 6-12 Months

| Race | Low | High | Estimate |
|---|---|---|---|
| Latino | 40% | 52% | 46% |
| African American | 26% | 50% | 39% |
| Native American | 20% | 45%** | 33% |
| API | 23% | 28% | 26% |
| White | 15% | 32% | 24% |

# Native American MSM Injection Drug Users

- National and local data suggest that compared to other ethnic groups, a higher proportion of Native American AIDS cases occur among MSMIDUs.
  - » SF Data - African Americans: 14.2%; Latinos: 10.5%; White: 9.9%; API: 5.4%; Native American: 23.1%
  - » National Data - Native Americans MSMIDU: 14%; All Cases MSMIDU: 6%
  - » YMS II IDU Behavior of Young MSM - White: 15.8%; Native American: 25%; African American: 9.6%; Latinos: 8.4%; API: 0%.

# HIV PREVENTION PLANNING COUNCIL MEETING

**March 11, 1999**
**3:00 PM to 6:00 PM**
**First Unitarian Church**
**1187 Franklin Street (@ Geary)**
**San Francisco**

Meeting called by: **Co-Chairs:**
Larry Meredith
A. Toni Young

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***Please read and bring:***

- **Agenda**
- **Minutes of 2/11/99**

## All Items Include Public Comment

| | | |
|---|---|---|
| 1. Food/Welcome/Introductions/Announcements | Toni Young | 3:00 – 3:20 PM |
| 2. Review & Approval of Minutes from 2/11/99 | Toni Young | 3:20 – 3:25 PM |
| 3. Public Comment | Toni Young | 3:25 – 3:35 PM |
| 4. New Business/Council Member Agenda Input | Toni Young | 3:35 – 3:45 PM |
| 5. Discussion of Number of Council Meetings (Assigned to Steering Committee) | Larry Meredith | 3:45 – 3:50 PM |
| 6. HIV Prevention Director's Report – Legal Issues related to the Brown Act-Vote to discuss in closed session HIV Prevention for Positives Demo. Project, Alternative Solicitation for FSM, Staffing Updates | Larry Meredith/Tracey Packer | 3:50 – 4:05 PM |
| 7. Presentation by Paula Jesson on Legal Issues Surrounding the Brown Act/Sunshine Ordinance | Paula Jesson | 4:05 – 4:45 PM (May be CLOSED SESSION) |
| 8. Break | | 4:45 – 5:00 PM |
| 9. Report Back from the African American MSM Regional Meeting sponsored by CDC | Byron Mason and Gil Gerald | 5:00 – 5:15 PM |
| 10. Strategies and Interventions: Discussion of Definitions and Implementation – Possible Vote | Toni Young / Maria Rinaldi | 5:10 – 5:30 PM |
| 11. Election of the Community Co-Chair - Vote | Toni Young | 5:30 – 5:45 PM |
| 12. Closure and Evaluation | | 5:55 - 6:00 PM |

### UPCOMING MEETINGS

***Note: All meetings are open to the public and are held in handicapped accessible facilities. Alloted time periods for agenda items are approximate and may require adjustments.***

*Steering Committee* – Thursday, March 18, 2-4 PM, AIDS Office, 25 Van Ness Ave., 5th Floor

*HPPC Meeting* - Thursday, April 8, 1999, 3-6 PM. First Unitarian Church 1187 Franklin Street (@ Geary)

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at 554-6083.

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# Addendum to Agenda 3/11/99

## Agenda Item #7

7A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

7B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

7C. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
NUMBER OF ANTICIPATED CASES: ONE
_____X_____ AS DEFENDANT _____AS PLAINTIFF

CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9(b)(3)(C), REGARDING THE HPPC'S VOTE OF JANUARY 28, 1999 NOT TO COMPLY WITH ALL PROVISIONS OF THE BROWN ACT AND SUNSHINE ORDINANCE AND A THREAT OF LITIGATION WITH RESPECT TO THAT DECISION.

7D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

3. DISCUSSION AND POSSIBLE VOTE ON WHETHER TO COMPLY WITH ALL OF THE PROVISIONS OF THE BROWN ACT AND THE SUNSHINE ORDINANCE.

HIV PREVENTION PLANNING COUNCIL
Minutes of March 11, 1999

HPPC: *Meeting*- Thursday, April 8, 1999, 3-6 PM. First Unitarian Church 1187 Franklin St @ Geary
*Steering Committee*- Thursday, March 18, 2-4 PM, AIDS Office, 25 Van Ness Ave., 5th Floor

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**Members Present:**
Marcos Bañales
Joan Benoit
Michael Bogan
Carla Clynes
Manny DaCalanio
Michael Discepola
Lyn Fischer-Ponce
Dave Hubbard
Sister MaryMae Himm
DredgeByung'chu Kang
Stephen King
Jennifer Lorvick
Melinda Martin
Byron Mason
Mazdak Mazarei
Willi McFarland
Larry Meredith
Shawn O'Hearn
Tracey Packer
Jeff Poltl
María Rinaldi
Father River Sims
Danielle Stringer
John Blake West
A. Toni Young

**Members Absent:**
Michael Caruso
Brenda Escobar
Jaron Kanegson
Lauren Michaels
John Newmeyer
J. Colin Partridge
Dawn Passar

**Parliamentarian:**
Tony Leone

**Harder + Co.**
Kristin duBay Horton
Michael DeMayo

**Guests:**
Devin Kurdt-*Agg. AIDS, Inc*
John Claude Koury
Cynthia Laird- *BAR*
Oliver Mulot
Hank Wilson-*TARC*

**Process Evaluation Team:**
Wendy Hussey
Kathleen Roe
Kevin Roe
Yumary Ruiz

**DPH/AIDS Office Staff:**
Elizabeth Davis
Delia Garcia
Gil Gerald

**Polaris R & D, Inc.**
Marin Trujillo

**1. Food/Welcome/Introductions/Announcements**

A. Toni Young convened the meeting at 3:10 p.m. Members and guests were asked to introduce themselves and to make announcements.

*Members Absence:*

- John Newmeyer

*Larry Meredith*

- Asked members to review the agenda of the upcoming Health Commission Meeting.
- Gil Gerald will be taking pictures of the Council at work. This is the first time this has been done and he hopes that it can continue.

*Steven King,*

- Will leave at 5:30

*Shawn O'Hearn*

- Is currently working in cooperation with LYRIC to organize two Gay Political Youth Groups. This has proven to be a difficult task. A meeting will be held at the end of the month. If anyone would like to participate in this project, please call him.

- The Gay and Lesbian Education Network will be putting together a group to attend the teachers conference at the Moscone center. It provides an opportunity to educate kindergarten and elementary educators on Lesbian and Gay issues.
- Zenger's Newsletter has published an interview with Mayor Brown and members of the AIDS Dissident movement. He recommends it to everyone.

*Lyn Fischer-Ponce*

- Introduced herself as the new STD representative to the HPPC. Her bio-sketch will be provided to all members at the next meeting.

*Michael Discepola*

- Will leave at 5:45 today. Currently there are three positions open at the AIDS Health Project. Manager of Training, Clinical Social Worker II, Program Representative III

*Michael DeMayo*

- Harder + Co, has created a tentative calendar outlining all council, task force and committee meetings for 1999. The calendar will not be complete until Strategic Evaluation sets their meeting time. The Council will also need to decide whether they will hold a meeting on November 11, which is a city holiday.

*Tracey Packer*

- Announced that Carla Clynes will be late. The Strategic Evaluation Task Force members are required to meet during the break to schedule their first meeting.

*A. Toni Young*

- The CDC is looking for reviewers for its African American, Latin American Initiative Intervention. If you would like apply, please contact her.
- The Health Commission will recognize the contributions made by Community Planning groups on April 6th. If you would like to attend, please call her.
- The two members attending the Community Planning Prevention Summit on March 24 to 27 will be Father River Sims and Maria Rinaldi. They were chosen in a random drawing of interested members.

*Kristin duBay-Horton*

- A framed poem was prepared as a good-bye gift for departing Community Co-chair Steven Sams. She asked that all members sign the frame.

*Sister Mary Mae Himm*

- The Sisters of Perpetual Indulgence's 20 year celebration will be held April 4. The San Francisco Board of Supervisors approved the event with a 12 to 5 vote. Frank and Andrew Case, Brown Star and others will perform. Any nonprofit CBO that would like to set up an information booth is welcome. For more information please contact Sister Marymae.

*Carla Clynes*

- All the agencies working with Transgendered communities will meet tomorrow at 2:00p.m. at the AO, 5th floor.

**2. Review & Approval of Minutes from 2/11/99**

The minutes were approved by,
In Favor:12
Opposed:0
Abstained: 5

**3. Public Comment**

Devin Kurdt, *Aggressive AIDS Prevention*

- Aggressive AIDS Prevention is currently working on an HIV/AIDS advisory campaign. Aggressive AIDS Prevention is asking personal ad publishers to balance their sexually suggestive ads with HIV prevention information within the ads. The campaign is in response to recent ads that target gay youth and appear to promote risky behaviors, such as unprotected anal intercourse. Aggressive AIDS Prevention's request has been accepted by most publishers. However, the BAR has not accepted it. Hence, Aggressive AIDS Prevention has launched an ad-cott campaign. All BAR advertisers have been asked not to advertise until the BAR agrees to meet with Aggressive AIDS Prevention. Devin explained that there is a need to balance suggestive ads with HIV prevention information, since 90's youth do not have the same appreciation of HIV prevention that late 80's youth had.

*Hank Wilson, TARC*

- Asked for a copy of the Bylaws so that the public can provide input on them.
- Asked that the HPPC comply fully with the Brown Act, by allowing open meetings and open retreats. Asked that Council minutes reflect a roll call vote of each member, on all action items. He feels this will show the public to see how each member represents the community.

**4. New Business/ Council Member Agenda Input** -No new business was introduced.

**5. Discussion of Number of Council Meetings (Assigned to Steering Committee)**

The Council Co-Chairs met March 10 to begin a discussion on the number of Council meetings. The Steering Committee is to examine the possibility of having one Council meeting a month. The Co Chairs began discussing this issue and will continue until the Steering Committee is created. Process Evaluation interviewed all Council members in February. The survey results identified the main concerns of Council members about length and frequency of meetings. Effective immediately, the Council will meet once a month on the second Thursday of every month.

The Co-chairs presented the expected changes in the Council's work with a once a month meeting schedule.

Steering Committee:

- The Steering Committee will identify and prioritize all items of the Council agenda, so that all the work can take place in one meeting.
- The Committee will be responsible for the creation of new committees and task forces.
- The Committee will continue experimenting with different time saving techniques.

Council's Work Load:

- The Council will perform much of its work within committees.

- Community member imput will be limited at the Council. The Council will refer community member concerns to the most appropriate committee or task force. The committee or task force will be responsible for reporting back to the Council.
- Committees and Task Forces will be required to report back to the council more frequently. This is due to the expected increased workload that each committee will assume.

Member Participation:

- Members will have to be more prepared for meetings. Members are recommended to increase their prep time.

Members thanked the Co-Chairs for expediting this item. To some members, the proposed plan is a strong one that will allow the council to do its mission. To others, since there are issues that can only be addressed by the whole Council, reducing the number of meetings is not advisable.

Members agreed that the Council will need to be more respectful of the work of the committees. The Council has historically revised and redone committee work after it has been presented. For the Council to be effective, meeting time can not be spent reshaping the work of the committees. Some members did feel that as part of an open process, the Council needs to retain the right to question, redefine or change actions that will ultimately affect it.

It was suggested increased participation would produce a more representative process. A suggestion was made that members join more than one committee. This is possible with fewer council meetings. However, since some members are not paid to attend the Council, they should not be expected to attend extra meetings.

The Co-Chairs should give more information regarding the role that the AO and Technical staff will play in this new process. The Co-chairs expect the new process to change as the Council learns better time saving strategies. Hence, it was suggested to the Council that this process be reviewed next year with the help of Process Evaluation.

Some members felt the process should include an "as-needed" second meeting, called only for discussion of specific items. Other members felt that having a second meeting would be too difficult, since most members' schedules would not allow them to attend. To the Co-Chairs, the Council's greatest challenge will be to find creative ways to have productive meetings. The Steering Committee was asked to review the possibility of having a second "as-needed" meeting, and to develop criteria to justify the calling of a second meeting.

Kathleen Roe asked members to think about things that would help them be more effective at meetings. She suggested the following as possible tools:

⇒ Key decision documents that will list the most important decisions the committee has taken.
⇒ Outline of key issues.
⇒ A set of study questions.
⇒ A tutorial session where key questions are answered before the meeting begins.

Members were asked to report their ideas to Process Evaluation in the next two weeks.

**6. HIV Prevention Director's Report**

Larry Meredith:

- Gilberto Gerald has resigned his position at the AO, and will return to grant writing and consultation. He was a competent employee of the AO for the last 10 months. He will be missed.
- The deadline for nominations to the HPPC is March 19.
- There are five vacancies at the AO. Larry expects to name the new HIV Prevention Director soon. The position left vacant by Lyn Fischer-Ponce is being posted. The three other positions are: Health Educator, Health Program Planner, and Health Program Coordinator.
- Due to the current $22 million deficit at DPH, a major hiring freeze is in place. This is a massive challenge that will be discussed on Tuesday. Currently, the department is inclined to move staff from general funded positions to grant funded positions.

Tracey Packer:

- The Steering Committee is currently accepting nominations for the two at-large-members. A call for nominations will be sent out next week. Nominations are due before the next meeting. A vote will taken at the April 8th meeting.

Tracey reported on the CDC meeting on the demonstration project for Primary Prevention for HIV+ Individuals. The meeting was attended by representatives of the five sites, San Francisco, Los Angeles County, Maryland and Wisconsin.

⇒ The CDC had intended to standardize projects among the five sites. However, since all the sites are very different, the CDC was dissuaded from implementing complete standardization. All five sites are currently working together to collect comparable data.

⇒ The needs projects is to be reviewed by the CDC's IRB (Institutional Review Board). Projects may be held up it they are doing research.

⇒ Nominations to the technical consultant group were taken at this meeting. This national group of consultants will help develop the Primary Prevention for HIV+ Individuals Program. Tracey Packer name Hank Wilson and others.

- In its application to the CDC for funding the HPPC attached that its process should be directed by a CAB (Community Advisory Board). CAB members will be community members researchers and providers. Although creating the CAB will take time, and will delay the process, (meaning San Francisco will be the last one to get up and running), the HPPC remains committed to this process. A meeting will be held next Tuesday, March 16 to establish guidelines for developing the CAB. Tracey will make a presentation to the CARE Council on this issue on March 22.

- HPPC Demonstration Project Goals. Goal 1: find people who are positive and help them get services. Goal 2: provide and encourage testing and primary prevention within services that people are attending as part of HIV care.

- Solicitation for Prevention Programs for FSMs:
  The group was a priority of this council in 1998. The AO is now implementing a solicitation following the guidelines of the augmentation process of 1997. A new solicitation process will be used that is competitive in nature. A competitive solicitation was favored because it will allow for larger grants for programs. Hence not all who apply will receive a grant.
- Speed Evaluation Study. The AO is currently developing a solicitation process for interventions for this study. A previous solicitation was unsuccessful. The AO intends to make services available by July 1st with venue based individual outreach as part of the services.

**7. Presentation by Paula Jesson on Legal Issues Surrounding the Brown Act/Sunshine Ordinance**

The Co-chairs announced that the HPPC has been threatened with a lawsuit. Deputy City Attorneys Paula Jesson and Amy Ackerman were present at this meeting to answer any questions. Ms. Jesson advised the Council that due to client confidentiality it was entitled to close the meeting to consult.

*Sister Marymae Himm motioned to have a closed meeting. Only Council members, AO representatives and Technical Staff were to remain in the room, with intent to reopen the meeting for a public vote.*

Discussion:
Sister Mary Mae Himm:
Felt the Council would benefit by having a closed session where members could speak freely.
Maria Rinaldi:
Felt the Council should not have a closed meeting since the Council is not a private body, but a public one that acts under a democratic process.

Public comment:
Claude Koury
Asked the Council to have an open session since there was no benefit on having a closed one.

**Vote:**
in favor: 6
opposed 12
abstained 4
The motion failed, the public was present for the Council's discussion.

Paula Jesson informed the Council that Cynthia Laird of *BAR*, gave formal written notice to the City Attorney's Office of her intention to sue the Council for violation and noncompliance with the Brown Act. Such a letter is a precursor to any suit and gives the Council time to remedy the problem and/or discuss the issue. Ms. Jesson advised the Council that it could still work effectively and be in full compliance with the Brown Act(BA) and Sunshine Ordinance(SO). Ms. Jesson considers the HPPC to be a very open group and finds it ironic that the Council is being sued.

Ms. Jesson proposed that the Council fully comply for the next six months as the City Attorney's Office works side-by-side with the Council. Accepting this proposal will save valuable time for both the City Attorney's Office and the HPPC Council. Amy Ackerman warned that if the Council loses this lawsuit, all actions taken since January 28 are subject to change. The Council voted January 29, 1999 to act in partial compliance with the BA & SO.

Partial Compliance dictates to the Council that it should:
1. Post Agendas
2. Hold open public meetings
3. Make minutes available to everyone.
4. Allow for Public comment at all meetings.
5. Hold meeting at accessible locations.
6. Provide bylaws to public.

Any decisions made with serial polling, proxy voting, closed retreats and last minute changes are the four items that would be negated by a successful lawsuit. The Council acting under partial compliance is allowed to keep these items as part of their process. If the Council were to operate in full compliance, then serial polling , proxy voting, closed retreats and last minute agenda changes could not be permitted.

Council Discussion:

- ◊ Maria Rinaldi responded to Hank Wilson's comment on action item 3. She disagreed with Hank's statement that the Council's decision has made their process a less democratic one On the contrary, she feels the Brown Act and the Sunshine Ordinance were assisting with the Council's mission, to attack an epidemic.
- ◊ Sister Marymae Himm feels that, until the Council breaks the BA, the Council is not in danger and should not worry.
- ◊ Shawn O'Hearn asked whether it was necessary for the Council to be under full compliance with the BA for a roll call voting to take place. Amy Ackerman informed the Council that the SO does not require roll call voting. and that the BA does not list any specific requirements. Hence, the Council does not need to use roll call voting.
- ◊ Jennifer Lorvick feels the BA does not have the necessary flexibility needed for the type of work conducted by this Council, especially when items need to be introduced to the agenda. She asked for possible strategies to use to avoid this issue, other than the threat to public health clause. Ms. Ackerman suggested that the Council's overall agenda be framed to allow for flexibility. Since the Board of Supervisors has declared AIDS an emergency epidemic that enables the city to continue needle exchange; the work of this Council is also enabled under that emergency. The Council could in theory establish on its agenda an item called "Urgent Business -Possible vote." It is not guaranteed that all items will meet the criteria for urgency to be introduction to the agenda. A special meeting is a means to discuss items that were not introduced on the posted agenda.
- ◊ Sister Marymae Himm believes that the HPPC would never act in a way that would go against the BA. As a person living with HIV, proxy voting is very important to him. The HPPC strives to be open. Closed retreats are important to the good health of the Council.
- ◊ Maria Rinaldi asked how it was possible for the CARE Council to have proxy voting. Ms. Ackerman informed the Council that the CARE Council has specific directives from the HRSA (Federal funder of CARE). These directives override the BA requirements. The HPPC tried to get a similar letter from the CDC, but was unsuccessful.
- ◊ Michael Bogan asked that members think about the problems that proxy voting, serial meetings, closed retreats and agenda items bring to the HPPC process, and whether these four items are worth the problems they cause.
- ◊ John West feels that there is sufficient flexibility within the current agenda. However, as a person with AIDS, he desires proxy voting.
- ◊ Maria Rinaldi asked if proxy voting was legal. Mrs. Ackerman said there has never been a legal case that prohibited proxy voting.
- ◊ Sister Marymea Himm reminded the Council that it has not violated the BA and the SO, and should not worry. Ms. Jesson informed the Council that someone may sue if they think you violated the law, or if they think you should comply with the law and you are not.

There was no public comment.

***A. Toni Young motioned for reconsideration of the Council's vote of January 28, 1999, - the adoption of partial compliance of the BA and SO by the HPPC.***

The motion had to receive a 2/3 votes.

There was no public comment.
In Favor: 5
Opposed: 13
Abstained: 3
A 2/3rds vote was not obtained. The Council will not reconsider its vote of January 28, 1999.

**8. Break**

**9. Report back from the African American MSM Regional Meeting by CDC**

Byron Mason and Gil Gerald attended the African American MSM Regional Meeting of February 26 to 28. The meeting was convened by the CDC to discuss nationwide gaps in technical assistance to agencies that serve African American MSMs. 35 people from the western United States, including Alaska, were present. The CDC had traditionally approached technical assistance and training on a national level. At this meeting the CDC used a regional strategy. The meeting identified the needs of African American MSMs in the western states. Each state identified their needs.

The meeting identified fiscal and business management as areas where agencies serving African American MSMs have the most need. The following needs were identified:

- Fiscal management,
- Primary research
- How to incorporate studies into affective programs
- Process
- Raising unrestricted funds.
- High visibility high return events
- Community development

Attendees at the meeting recommended that public figures, such as sports personalities and public figures need to be involved in community development. Problems with youth and internalized phobia also need to be addressed. For a complete summary of all items, please look at attachment.

The second half of the meeting was devoted to accessing funding and preparing to respond to RFPs. $30.5 millions dollars have been allocated by the CDC to target the African American population. Every hour seven Americans are infected with HIV. Five are people of color. Three of the five are African American. The HPPC has identified African Americans as a priority.
The $30.5 million is divided as follows:

- Community-Based Programs, $13.6 Million. $4 Million is set aside for African American MSM. The money will be used to support HIV prevention activities of African American CBOs targeting African Americans. Consistent with priorities of the CPGs (HPPC).
- Minority Organizations Technical Assistance, $4.9 Million. The money will be used to improve the capacity of CBOs to meet the HIV prevention needs of African Americans, to support technical assistance provided by national, regional, and local minority organizations. $2.5 Million has been designated for organizations serving gay men of color.
- Community Coalition Demonstration Program, $7 Million. To improve access to linked networks of health services, to support planning and development of linked networks of HIV, STD, TB and substance abuse prevention, treatment and care services provided and to strengthen existing linkages among local prevention treatment and care providers.
- Service Linkages for Incarcerated Populations, $5 Million.

In order to increase the chances of bring some of this money to San Francisco, the AO plans to:

1. Distribute CDC announcements,
2. Hold special training orientation meetings, that will cover: Epidimiology of HIV in African Americans in San Francisco, the HPPC plan, HPPC priorities and identified gaps in services.
3. Provide a letter of certification of attendance at training and an offer of OD/TA if funded.

The HPPC may play an additional role on this process by providing letters of certification that will certify that a proposal is consistent with the HIV Plan, or that the HPPC supports a proposal. Jennifer Lorvick would like this information to be shared with CBOs from the East Bay. Gil Gerald informed the Council that at least one agency from Alameda has approached the AO for information.

John West feels that certifying that an application is consistent with the HIV Plan is important, but providing letters of support is a bad strategy. A letter would presume that the HPPC has full knowledge of the content of the application, which will be wrong. Tracey Packer informed members that the Council's policy allows for letters of support to be written based on a request by an agency, and can be written if the Council as a whole wishes so. As part of the proposed plan from the AO to help San Francisco CBOs access the $30.5 million; the AO will be able to provide consultation to CBOs as they compete for funding.

**10. Strategies and Interventions: Discussions of Definitions and Implementations- Possible Vote**

Maria Rinaldi:
After Instituto Familiar de La Raza came to the HPPC at the last meeting to ask for mediation between them and the AO, members were unclear on how the issue related to the perview of the HPPC.

Maria explained that it was agreed that, although the DPH and the HPPC are separate bodies with separate responsibilities, they do share a partnership. The HPPC and DPH work together on the process of prevention implementation. The HPPC determines strategies and interventions as found in the HIV Plan. It also makes recommendations for funding and for resource allocation. This is not a responsibility but a right. However, the DPH's responsibilities involve the development of criteria to apply the strategies and intervention created by the HPPC. When the DPH develops criteria for implementation that change the definition of the strategies and intervention it is the responsibility of the HPPC to intervene.

Larry Meredith recommended that the HIV Prevention's section review their process of implementation of strategies and interventions. The AO needs to work with CBOs and the HPPC to achieve a consensus on the units of services and the categories of intervention. The AO follow the criteria from the standard units of service document that was developed in 1995. A training was held on the strategies and interventions in 1996 that guided the AO's criteria. This framework has been used for the last two years. Larry feels it is time for the AO to review the process and report back to the Council. The AO should assess and examine the standardize unit of service document. The AO will be able to do this within the next 6 to 9 months. Although the AO receives feedback through the monitoring report on those documents, he recommended that a broader assessment be conducted.

Public Comment:
Vladimir Oliveros, **Instituto Familiar de La Raza.**

Instituto Familiar de La Raza sought the Council's intervention because it is the only place they felt they could come. The HPPC is the best body to review CBO problems. He hoped that the Council would consider this as part of their responsibilities.
Instituto Familiar had invited Delia Garcia of the AO to attend their intervention-venue based group outreach program. She did attend and will be working with them to develop appropriate contractual language.

Jeff Poltl motioned that the Council devise and discuss means of reviewing the strategies and intervention implementation process and the criteria for implementation of the HIV Plan at the next meeting.
In favor 17
Opposed 0
Abstained 2
The motioned was passed. This item will be discussed at the April 8 meeting.

**11. Election of the Community Co-Chair-Vote**

A. Toni Young reported that there were no nominations for Community Co-Chair. She suggested that the Council consider the Co-chair elect system. An elect Co-chair acts as a non voting Co-chair, sharing only certain responsibilities that a normal Co-chair would. This system is designed to allow a new Co-chair to adjust to the hectic pace and workload that a Co-chair has. Members may send nominations to Betty Chan Lew of the AO.

At this time Maria Rinaldi nominated Marcos Banales for Community Co-Chair. However, Marcos was not able to accept since he is a DPH employee. This item was unanimously tabled till the meeting of April 8th.

**12. Closure and Evaluation**
The Council adjourned at 6:05 p.m.

***Attached to minutes for absent members:***
1. Health Commission Agenda.
2. Process Evaluation Report.
3. African American MSMs Meeting slides.
4. Process Evaluation Member Survey Report.
5. AIDS Health Project Job listings.
6. Agenda
7. Addendum to HPPC Agenda of 3/11/99.
8. Newsletter announcement.
9. HPPC 1999 tentative meeting calendar.
10. Youth political Caucus flyer.

Minutes Written by: Marin Trujillo
Minutes Reviewed by: Toni Young, Tracey Packer-AO

# HIV PREVENTION PLANNING COUNCIL MEETING

**April 8, 1999**
**3:00 PM to 6:00 PM**
**First Unitarian Church**
**1187 Franklin Street (@ Geary)**
**San Francisco**

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Meeting called by: **Co-Chairs:**
Larry Meredith
A. Toni Young

***Please read and bring:***

1. Agenda
2. Minutes of March 11, 1999
3. Community Co-Chair Candidate Statement
4. Review the Strategies & Interventions Chapter in the 1997 Plan

## All Items Include Public Comment

| | | |
|---|---|---|
| 1. Food/Welcome/Introductions/Announcements | Larry Meredith | 3:00 – 3:20 PM |
| 2. Review & Approval of Minutes from 3/11/99 | Larry Meredith | 3:20 – 3:25 PM |
| 3. Public Comment | Larry Meredith | 3:25 – 3:35 PM |
| 4. New Business/Council Member Agenda Input | Larry Meredith | 3:35 – 3:45 PM |
| 5. Director's Report – Announcement of the New Director of HIV Prevention | Larry Meredith | 3:45 – 3:55 PM |
| 6. Community Co-Chair Electionn – Vote | Larry Meredith | 3:55 – 4:05 PM |
| 7. Nomination of At-Large Steering Committee Members | Toni Young | 4:05 – 4:15 PM |
| 8. Final Vote on # of Council Meetings Per Year | Larry Meredith | 4:15 – 4:30 PM |
| 9. BREAK | | 4:30 – 4:40 PM |
| 10. Devising a Method for Evaluating the Implementation of the Strategies & Interventions Chapter in the Plan – Discussion & Vote | Toni Young | 4:40 – 5:10 PM |
| 11. Report Back from the Community Planning Leadership Summit | Larry, Toni, Maria, Fr River, others | 5:10 – 5:30 PM |
| 12. Presentation on Bridging the Gap Conference | Father River Sims | 5:30 – 5:40 PM |
| 13. Roll Call Voting - Vote | Toni Young | 5:40 – 5:55 PM |
| 14. Closure and Evaluation | Larry Meredith | 5:55 - 6:00 PM |

## UPCOMING MEETINGS

***Note: All meetings are open to the public and are held in handicapped accessible facilities. Alloted time periods for agenda items are approximate and may require adjustments.***

*HPPC Retreat* - Thursday, May 13, 1999, 1-6 PM, location to be determined.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at 554-6083.

HPPC *Retreat*- Thursday, May 13, 1999, 1-6 PM, One Dr. Carlton B. Goodlett Place, Room 201
HPPC *Meeting*- Thursday, June 10, 1999, 3-6 PM, First Unitarian Church, 1187 Franklin St.

**Members Present:**
Marcos Bañales
Joan Benoit
Michael Bogan
Carla Clynes
Manny DaCalanio
Michael Discepola
Brenda Escobar
Lyn Fischer-Ponce
Dave Hubbard
Sister MaryMae Himm
Dredge Byung'chu Kang
Jennifer Lorvick
Byron Mason
Mazdak Mazarei
Larry Meredith
John Newmeyer
Shawn O'Hearn
J. Colin Partridge
Dawn Passar
María Rinaldi
Father River Sims
Danielle Stringer
Tracey Packer
John Blake West
A. Toni Young

**Members Absent:**
Michael Caruso
Jaron Kanegson
Stephen King
Melinda Martin
Willi McFarland
Lauren Michaels
Jeff Poltl

**Parliamentarian:**
Tony Leone

**Harder + Co.**
Kristin duBay Horton
Michael DeMayo

**Guests:**
Victoria Schneider
Neena Murgai
Sean Ulger-*SF Mayor's Office*

**Process Evaluation Team:**
Wendy Hussey
Kathleen Roe
Kevin Roe
Yumary Ruiz

**DPH/AIDS Office Staff:**
Elizabeth Davis
Delia Garcia
Peter Twyman

**Polaris R & D, Inc.**
Marin Trujillo

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**1• Food/Welcome/Introductions/Announcements**

A. Toni Young convened the meeting. Members and guests were asked to introduce themselves, and make announcements.

*Members Absence*:

*Toni Young:*

- Brought information from the Office of Minority Health on the *Bilingual/Bicultural Service Demonstration Program Grants,* the *Family and Community Violence Prevention Program,* and the *Minority Community Health Coalition Demonstration Program.*
- Informed the Council that she is participating in a project with the Office of Minority Health. The Office will receive money that was allocated by the Congressional Black Caucus and currently looking for reviewers and for applicants. This announcement will be posted in the Federal Register within the next three to six weeks.
- Asked that all new members who have not submitted a shot bio-sketch to the DPH need to do so. This is primarily for new members and those who need to update their old bio-sketch.
- She also announced that she has information about *The National AIDS Fund Community Scholarship Application,* the *CDC Prize Fellowship* and the *National HIV Prevention Conference in Atlanta.*

*Tracey Packer:*

- Announced that the HPPC and the HIV Prevention Section of the DPH are seeking nominations to the Community Advisory Board (CAB). A letter will go out to many different mailing lists. She asked that people interested submit their application to Betty Chan Lew of the HIV Prevention Section.

*Daniel Stringer:*

- Announced that on April 24th, rainbow flags will be flown in support of Mumia Abu Jamal whose execution is expected to take place very soon. If you would like more information on how to support Mr. Jamal, please contact her.

*J. Colin Partridge:*

- Announced that when in South East Asia he saw very advanced forms of HIV Prevention strategies, such as flyers and hotline numbers posted on the streets.

*Sister Marymae Himm:*

- The Sisters have re-released Play Fair their safe sex pamphlet. The Sister released their first Play Fair pamphlet in 1981. Sister announced the pamphlet is now more inclusive as it includes information on safe-sex practices for heterosexuals, gay persons and transgendered persons.

*Joan Benoit:*

- Announced the HPPC Retreat will take place on May 13th, from 1:00 to 6:00 p.m. It will be held at One Dr. Carlton B. Goodlett Place, City Hall, Room 201, San Francisco CA.

*Lyn Fischer-Ponce:*

- Announced that April has been proclaimed STD month by the City. She brought posters related to this issue for members to take to their offices.

*John Newmeyer:*

- Announced he would leave early today.

*Dredge Byung'chu Kang:*

- Announced there will be an open house at the API Wellness Center on April 23rd.

*Father River Sims:*

- Passed out a survey for members to fill out concerning the "Bridging the Gap Conference."

*Maria Rinaldi:*

- Announced she would leave early today.

*Dawn Passar:*

- Apologized for being late and invited all members to the Thai New Year celebration on Sunday at the Big Heart City Mission Hall at 9:00 p.m.

- Dawn also thanked John Blake West for his contribution of medication. The medication was taken by Dawn to Thailand on her latest trip.

*Michael DeMayo:*

- Announced that Harder + Co. is looking for agencies that would like to participate in Harder's current AIDS Needs Assessment project. Participants will be paid $15.00, and the interview will take approximately 30 minutes. This assessment will be used by the CARE Council to do their priority setting work.

**2. Review & Approval of Minutes from 3/11/99**

The minutes March 11 were approved without corrections.
In Favor: 10
Opposed: 0
Abstained: 8

**3. Public Comment**

Reid Condit *from CUSP (Community United for Sexual Privacy)*

- Mr. Condit explained that CUSP is an organization formed to questions the closure of bathhouses that occurred in San Francisco in 1984. He explained that the decision of 1984 was further extended when the Health Department unilaterally set regulations for sex clubs. It is CUSP's opinion that this decision perpetuated the decision of 1984. CUSP felt this decision has taken away the privacy rights of gay people. CUSP also condemned the Health Commission for not listening to their demands or discussing the issue of bathhouse reopening. That is why CAUSE brought the issue to the Commissions' table last Tuesday. They hope that in the coming months there will be lots of discussion on this item. Mr. Condit further explained that all the studies conducted on the issue of bathhouses do not support the position of the San Francisco Health Commission. Specifically, Mr. Condit informed the Council there was a study conducted in Belgium, published in the Journal of Gay and Lesbian Studies that discredits the position of the AO on the issue of bathhouses.

A. Toni Young asked Mr. Condit for the exact name of the study. Mr. Condit agreed to mail her the citation of the study to her via mail. Larry Meredith suggested that a copy should be sent to him as well, so that he may mail it to all members of the Council.

Steve Falandrino-
Mr. Falandrino presented himself as a member of the public with no alliance to any organization. He read the following statement:

- "I am here today to urge you to reject Dr. Katz's damaging recommendation to the City's Health Commission, that bathhouses remain closed in San Francisco. It is well documented that the most effective means of encouraging safer sex practices in all populations is through education and supportive intervention. Not through punitive and paternalistic measures such as the sex club surveillance model proposed by Mitch Katz. Monitoring the present sex clubs can have no impact in changing the

short term and long term health practices of gay men. Unlike sex clubs, bathhouses afford privacy both common sense and years of social science research shows that commercial sex establishments encourage people to get information about AIDS transmission and to negotiate safer sex practices with their sex partners. Furthermore, the premises that gay men should be deny sexual privacy is absolutely insulting and homophobic. The Gay community has consistently spearhead safer sex education and practices. Years of struggling with the spread of STDs have thought us that offering people support and information instills dignity and self-reliance. Dr. Katz's insulting proposition is that if left to ourselves, we will recklessly fuck ourselves into STD oblivion. There is no justifiable reason to deprive individuals of their freedom of sexual expression and their freedom of association. Especially since Dr. Katz has not offered any convincing data that bathhouses harm public health and safety. It is been nationally recognized that rights violations are only justified in situation where substantial damage occurs and where other rights and prevention are proven ineffective. Given that bathhouse offer public health benefits and that Dr. Katz is unable to prove present danger, this is a grave and glaring violation of human rights. I can only conclude that this violation is politically motivated, designed and established by those who see gay male sexuality as a social menace. A failure by you today to endorse the reopening of bathhouses in San Francisco will compromise your integrity as public health officials. Bathhouse are sound public health policy and they are our right."

Michael Petrelis ***from Accountability Project***

- Mr. Petrelis asked that a meeting be held before the end of April to hear public comments on the issue of bathhouses. Michael felt gay men in San Francisco have put up for too long with a "heterosexual woman from the East bay." He accused Tracey Packer of being afraid of the Gay community in San Francisco, charging that such fear is killing gay men. He also accused Toni Young of having a conflict of interest as someone who is building her AIDS career and serving as its co-chair and serving as the advocate for the CARE Council. He accused the HPPC Council of not following the community process because its co-chairs are not representatives of the San Francisco gay community. He asked that a community forum be held in the Castro so that gay men may discuss issues that affect them.

  He would like to discuss issues such as anal condoms. Since neither Tracey nor Dr. Katz has talked about them, such a discussion is needed. He also demanded that a discussion on rectal micromisy, needs to take place so that gay men can be made aware of a study conducted by Susan Buchbinder on this subject. Mr. Patrelis felt that Tracey Packer is not qualified for her job at the AO since AIDS is not a straight woman's issue in San Francisco. He wants to come back when the issue of bathhouses is discussed at the HPPC. He claimed that for several years gay men have gone with out regular condoms in gay bars because Tracey Packer has prevented it.

Larry asked if there were any members who wished to speak on Michael's comments.

Maria Rinaldi thanked Michael for his comments. And explained to Michael that

although she agreed with some of his comments, she differed at some level. She explained to Michael that she too has talked to Tracey about prevention needs that concern heterosexual women.. She did not think that the problem was Tracey's sexual orientation, or that the sexual orientation of any administrator was the issue, but rather, the person itself. Maria agreed with Mr. Patrelis that the issue of bathhouses has not been resolved and that the Council has never discussed this issue.

***Mari Rinaldi motioned to have a discussion about the reopening of bathhouse at the next Council meeting.***

Sister Marymae Himm said he would like the Council to invite Dr. Katz when this meeting takes place.

Michael Petrelis suggested that the Health Commissioners of Berkeley and San Jose attend the meeting, since both cities have bathhouses.

Larry Meredith felt members needed to receive all relevant literature on this subject before the meeting, such as the study from Belgium.

Reid Condit informed the Council that there was limited literature on the subject of closed-bathhouses, because San Francisco is the only city that has closed them. He informed the Council that the Health Commission has a list of academic studies regarding this issue that were given to them at last Tuesday's meeting. Larry will contact the Health Commission Executive Secretary to make them available to members before the next Council meeting.

Mr. Condit said that he found it shocking that the Steering Committee of the HPPC never read any literature related to the issue of bathhouses.

John Newmeyer was unsure whether this subject should be discussed at the next meeting in June or if a special meeting will be scheduled since the HPPC retreat would take place in May. Larry felt the discussion could take place at the meeting in June.
Sister Marymae feels that an additional meeting in May should be considered. He does not think members would object to a second meeting to discuss this issue.
Larry suggested that this issue be further discussed under action item eight of the agenda "Final Vote on Number of Meetings."

**4. New Business/ Council Member Agenda Input**
Council members discussed the issue of personal safety when members of the public confront Council members. The discussion resulted from the disruption of Michael Petrelis during agenda items one, two, and three. Michael Petrelis verbally insulted members of the Council and disrupted the meeting by shouting and bickering.

- Michael Discepola asked that guidelines for conduct should be set to prevent badgering of Council members. He also felt that the police should have been called when Michael Petrelis was verbally attacking Tracey Packer before the meeting.

There was a possibility of physical harm, not just to Tracey but to others too. He proposed that this issue be discussed at the next regular meeting.

- Toni Young informed the Council that the Police department was called. She too, felt there was some level of threat and was not comfortable having Michael Petrelis present at the meeting with out some type of police presence. Toni asked Tony Leone to review the policies and procedures of other Councils regarding public misconduct, and to report back to the Council at the next meeting.
- Dawn Passar recommended that the Council contact the Commission United Against Violence as a possible source for guidance on this issue.
- Dave Hubbard asked whether if there were any existing rules outlined in the Council's bylaws about conduct. Toni stated that the Council's Bylaws set rules for member conduct not for the public.
- Kathleen Roe suggested that the Council develop a process that allows both the public and the Council to discuss issues without fear.
- Sister Marymae Himm agreed with Kathleen, but stressed that the reason so many members felt uncomfortable with Mr. Petrelis because of his known past history of violence.
- Maria Rinaldi felt Council members needed to realize that, as public advocates, all members will experience angry attacks from the public. Though she admitted that it may not be pleasant, she sees this as part of the community process. Maria was very disappointed with Council member's body language. She felt the body language of many members was disrespectful to the public comment speakers. Maria thought it inappropriate for Council members to act in such a way.
- Toni Young felt respect is something that is earned and did not think Michael Petrelis has earned it. She explained that Michael's presence at the meeting was scary for her since she has had to threaten him with restraining orders at least three times. Toni vowed that as long as she is a Co-Chair of the Council, she will not allow someone who acted the in the same manner that Michael Petrelis did to attend the Council meeting. Toni reassured the Council that it was not her intention to prevent public input at meetings, but rather she felt that as Co-chair it is her responsibility to secure a safe environment for Council members.
- Michael Descepola agreed with Toni, and felt there was legitimate threat to Tracey Packer because her personal space was invaded. And, although he understood that the Council's work will not always be pleasant, he will not tolerate conduct that may make a person fear for their safety. He warned that he would not be part of a Council that will allow its members to be threatened.
- Lyn Fischer-Ponce informed the Council that Michael Petrelis has threatened her at her job and at her house. Lyn announced that she would not attend a meeting where the only issues that will be discussed are the needs of gay white men (referring to Michael Petrelis' demand that a discussion of bathhouses be held).
- Father River Sims felt Michael Patrelis' attitude was out of control, inappropriate and offensive.
- Danielle Stringer asked the Council to develop a process by which both the community and the Council can freely express themselves. She recommended that

this issue be discussed at the HPPC retreat.

- Shawn O'Hearn said he has known Michael for a long time and advised the Council to try to listen to his message and not his screams. He also felt insulted by Lyn's prior comment. Shawn also pleaded that the Co-Chairs steer the Council into doing more prevention work.
- John Newmeyer felt the HPPC needs to reaffirm that the sexual orientation of a person does not prevent him/her from effectively working with gay men's issues.

Tony Leone: quoted the following citation in reference to Toni Young's request that he research public conduct rules. Roberts Rules of Order/Newly Revised, 9th Edition: Protection from Annoyance by nonmembers in a meeting; Removal of an offender from the hall. "...Any non member allowed in the hall, during the proceedings of a meeting, as guests of the organization, have no right with reference to the proceedings (page 639). An assembly has the right to protect it self from annoyance by non-members, and it has full authority in this regard- as distinguished from cases involving disorder members- can be exercised by the chair, acting alone. The chair has the power to require non-members to leave the hall, or to order their removal, at any time during the meeting; and they have no right of appeal from such an order of the proceedings officer. At mass meetings, any person who attempts to disrupt the proceedings in a manner obviously hostile to the announced purpose of the meeting, can be treated as a non member under the provisions of this paragraph..."

- Carla Clynes reaffirmed to the Council that there would be time for discussion of this issue at the retreat. She too felt that Michael's conduct was unacceptable, especially his behavior towards Tracey Packer as a pregnant woman.
- Larry Meredith felt this issue moved the Council to think about how to address passion. He recommended that the Steering Committee work on this issue.

***A. Toni Young motioned that the Steering committee develop a plan of action with roles and responsibilities of public conduct at the HPPC. The Committee will report on this plan at the next regular meeting of the Council.***
In favor: 21
Opposed: 0
Abstained: 0

**5. Director's Report- Announcements of the New Director of HIV Prevention**

Larry Meredith announced with great pleasure the appointment of Michael DeMayo as the new Director of the HIV Prevention Section of the Department of Public Health. Michael has worked with the HPPC, as an excellent technical assistant, and brings years of experience in community planning, research and the provision of prevention programs. Michael will begin working part-time in the HIV Prevention Section this month and will be full time on July. Today was Michael's last meeting as a representative of Harder + Co.

Larry also announced there were recent changes to the DPH's staffing, as listed on the Director's Report. Larry asked that all questions regarding these changes be directed to

him after the meeting.

**6. Community Co-Chair Election-Vote**
Larry Meredith announced that Dredge Byung'chu Kang nominated himself as the only candidate for Community Co-chair. All members prior to this meeting received his campaign statement. No member had any question for Dredge.

***Sister Marymae Himm motion to elect Dredge Byung'chu Kang as Community Co-chair of the HPPC.***
In favor: 21
Opposed: 0
Abstain: 0

Dredge Byung'chu Kang was elected unanimously, as Community Co-chair of the HPPC for the remainder of 1999.

**7. Nomination of At Large Steering Committee Members**
Toni Young announced there were no nominations for Steering Committee Member-At-Large. Toni explained to members that the Steering Committee needs the members-at-large more then ever. With the increased work that the Committee has to perform, member participation is badly needed. She encouraged all members to apply for the position or to suggest nominations.

***Sister Marymae Himm motioned to keep the application period open till the next regular meeting and table the issue until the next meeting.***
In favor: 20
Opposed: 0
Abstained: 1

**8.Final Vote on Number of Meetings**

The Council had previously discussed the benefits and problems of having one meeting a month. Members discussed the possibility of having a community forum, as requested by Michael Petrelis to discuss the issue of bathhouses. Because the Council now meets once a month, members needed to decide if a second special meeting would be added for this issue or if the discussion would take place at a regular meeting.
**Discussion:**
Toni Young warned members to think carefully about adding extra meetings to the HPPC calendar. She felt the Council could end up in the same position it was at last year. She suggested that other alternatives should be considered when an issue needs more discussion. She suggested that perhaps the Outreach Committee's meeting time could be used for Michael Petrelis's requested forum, since special meeting are a responsibility of the Outreach Committee.

Larry Meredith advised the Council that to have an effective discussion forum with all parties interested in attendance, such as the Health Commissioner of San Jose and

Berkeley, would take time, probably 8 weeks.

Sister Marymea Himm felt that the meeting (to discuss the bathhouses) needed to take place as soon as possible. He felt the Council's prevention efforts were hindered because the Council does not have access to information about sex clubs/bathhouses. He considers bathhouses effective places to educate people about safer sex practices and to do outreach. He warned that, if the Council did not act soon, it would miss its opportunity to have a say on this issue. Although he advocated for fewer meetings, he would be willing to attend a meeting where only one issue was discussed.

***A. Toni Young motioned to vote on the HPPC Council meeting calendar for 1999 of one meeting a month of the HPPC Council.***

**Discussion:**

John Newmeyer asked how long would it take to convene a forum or a special meeting to discuss the bathhouse issue. Larry Meredith said that at least four to five weeks were needed to do a good job.

Michael DeMayo was under the impression that Michael Petrelis had asked that a forum be convened by the AO, and had come to the HPPC for support.

Larry agreed and suggested that an ad-hoc committee should discuss this issue. With the possibility of the committee reporting back to the Council.

Lyn Fischer-Ponce asked how would the meeting of November will be dealt with since it has been schedule on a city holiday. The November Council meeting will be held November 18, 1999

In favor: 19
Opposed: 4
Abstained: 0

The Council adopted the HPPC Council meeting calendar for 1999.

***Sister Marymae Himm motioned that the Council hold a special meeting in May to discuss whether or not the HPPC supports the reopening of private spaces for people to have sex, including bathhouses.***
**Discussion:**
Dredge asked Larry if the Health Commission would hold a forum on the bathhouse issue. Larry felt that, judging from the limited information he received, it was very unlikely. Dredge suggested that members discuss and vote on the issue of bathhouses at this meeting.

Sister Marymae Himm felt that members were not prepared to discuss this issue at this meeting. He also wanted more public input. He also explained that a vote could not

take place because the issue was not listed on the agenda.

Tony Leone advised the Council that it had two options when conveying a second meeting: Option one, the Council can discuss and vote on a meeting if the meeting is a special meeting. The meeting time, place and subject need to be posted. Option two, the Council could hold a public forum that would allow the Council to hear public comment only. He warned that attaching the issue of bathhouse reopening to the HPPC retreat would expose the retreat to public attendance, and turn it into a meeting and not a retreat.

Maria Rinaldi felt the Council should follow Michael Petrelis' request that a community forum for gay men should take place in Castro.

Tracey Packer said that Michael Petrils had asked for the HPPC, not the DPH to hold a Community forum in the Castro to hear information about this issue. She noted that research related to this issue could also be presented in order to fully educate.

Larry proposed that such forum be a fact-finding meeting, with a decision made at another meeting.

Maria Rinaldi felt the HPPC needed to have better communication with Dr. Katz, so that issues that are of interest to the HPPC and the Health Commission are communicated. A letter should be sent to the Health Commission letting it know of the existence of the HPPC and of its interests in HIV prevention in San Francisco.

John Blake West would like the DPH to give the HPPC a letter stating the Department's position on the issue of bathhouses and their closure of 1984.

Sister Marymae Himm stressed that the Council often has too much discussion and not enough action. He felt the reason why Michael Petrelis came to the Council and acted this way was because of the HPPC's historic lack of action on this issue.

A. Toni Young felt the Council was unclear on the purpose of the special meeting. She felt members needed to discuss the purpose of the meeting, so that all members would understand what they would be voting on. Second, she asked the Council to discuss who would formulate the meeting.

Sister Marymae Himm felt the HPPC had a stake on the issue of bathhouses, especially since they were closed because of the HIV epidemic in San Francisco. He volunteered to schedule and organize the community meeting on behalf of the HPPC.

Michael Bogan asked Tony Leone whether it was possible for the HPPC to create a subcommittee to do this task. Tony said yes.

Father River Sims felt the creation of a subcommittee to deal with this issue would not allow for complete participation.

Manny DaCalanio asked the sub-committee in charge of creating the forum to give members information that will help them be prepared for this issue, prior to the meeting.

Michael DeMayo felt a sub committee was not needed, since the new HPPC process requires the Steering Committee to discuss this issue at the committee meeting. A. Toni Young felt the task was too big for the Steering committee to do, in addition to the Committee's other tasks. Michael Discepola felt Technical Support needed to be part of the sub committee.

Marcos Bañales volunteered himself to help on the subcommittee.

Larry Meredith took all the comments made above and amended the motion to state: ***a special meeting of the full HPPC be convened to address the issue of private spaces for bathhouses and other venues, for the purpose of making a recommendation to the DPH. This meeting will take place in May and will contain as its first element, a forum to discuss the issue with experts and with public comment. The second element will be a discussion among Council members and a vote for final recommendation. The Council further resolves that a sub committee shall be created to oversee the arrangements for the forum element of the special meeting.***
In Favor: 19
Opposed: 0
Abstained: 3

The motion was passed. Sister Marymae Himm asked that all members interested on being part of the sub committee see him at the break.

**9. BREAK**

**10. Devising a Method for Evaluating the Implementation of the Strategies & Interventions Chapter in the Plan- Discussion & Vote.**

At this time Sister Marymea Himm announced the bathhouse subcommittee will meet on Monday the April 12th at 2:00 P.M.

A. Toni Young presented the Council with an overview of the HIV Prevention Plan; she thanked Maria Rinaldi for her presentation at the last Council meeting.

Toni explained the Plan was written by the HPPC in 1995 and 1996 as required by the CDC. The plan was then updated in 1997 and currently much of the work of the HPPC is outlined by the Plan. The Plan also includes, as demanded by the CDC, chapters on:

- The community planning process,
- Goals and objectives,
- Epidemiologic Profile of HIV/AIDS in SF,
- Strategies and Interventions,
- Resource inventory
- Linkages and Coordination,
- Strategic Evaluation Plan,
- Capacity Building

- Priority setting criteria,
- Resource allocation criteria,
- Technical Assistance Plan

The Plan was created to help the HPPC set priorities for the DPH to allocate funds received by the CDC. The Plan is necessary because every September, the DPH must tell the CDC how it will spend its money. At the same time the HPPC writes a letter to the CDC reporting how the DPH has followed the Plan, whether it concurs with the application. The Council discussed the Plan at this meeting, because there have been questions raised about whether or not the standards that the DPH is using match the plan. The HPPC Co-Chairs felt that it would be a good time to ask technical support to review the Strategies & Intervention Chapter of the Plan to see how it is/and is not implemented.

The Strategies & Interventions Chapter deals with the identification and definitions of HIV prevention strategies and interventions believed to be effective. Such information is gathered through focus groups, community meetings, and reports from prevention providers, literature and other sources. HPPC TA will review the chapter by reviewing the strategies and interventions chapter's standards for service provision and definitions. It will also review the unit of service definitions, and new literature on strategies and interventions, and finally, report to the HPPC in June on any conflicts that were found.

Jennifer Lorvick asked to whom should she address suggestions or feedback. She was told to contact Kristin duBay Horton. Kristin informed the Council that they will all receive the final report, but that the report will only contain the found facts, answers to questions that may surface from the report may not be answered by TA.

Maria Rinaldi asked that members be allowed to be part of TA's process. She feels member participation is already limited by the Council's new process (one meeting a month). Kristin informed the Council that in five weeks, a matrix will be created, that will require member input. Several members volunteered for this task.

**11. Report Back from the Community Planning Leadership Summit.**
A contingency of the HPPC attended and represented the Council at the Community Planning Leadership Summit of the CDC in Cleveland on March 24 to 27.

A. Toni Young reported that the highlight for her at the conference was the work of the Urban Coalition for HIV/AIDS Prevention Services (U-CHAPS, a coalition of representatives of the CDC direct funded cities SF, LA County, NY, Chicago, Houston and Philadelphia). The Coalition showed that great progress has occurred. Currently, the Coalition is organizing a process on the federal level to increase prevention money. Such a process seeks to secure an increase in funding as part of each city's Cooperative agreement with the CDC. Toni also reported that the Coalition now has a more finalized version of their Bylaws, she will report on this process at a later meeting in more detail.

Father River Sims reported that he found it shocking that while the CDC knows that out of seven infected persons three are African American, the CDC has diminished funding

for this population. Secondly, he saw how community-planning groups are a great way to empower the community.

Maria Rinaldi enjoyed the workshops presented at the Summit. However, she was disappointed by the Summit's lack of focus and was not clear on the partnership that the six cities have and the degree to which the HPPC is involved with them. She feels someone should educate the Council on this issue at a future meeting.

Larry Meredith reported that the Summit gave him a better perspective of how much work the HPPC has done in comparison to other Councils. He also found out that other groups share many of the problems that the HPPC has. However, he saw that the HPPC had accomplished more and is better prepared to solve problems that the other groups.

Larry felt that the CDC was just now beginning to grasp the concept of community planning. Although the CDC is not sure how productive the Community Planning Process is, he hopes that the CDC somehow evaluates the effectiveness of groups such as the HPPC. Larry feared that unless the CDC does such evaluation, it will continue to flat fund.

Michael DeMayo saw how other groups have integrated STD prevention into their work. Other groups were much more linked together with the DPH and the community. He also saw the beginning of a process that seeks to link bodies like the HPPC and the CARE Council together.

Kevin Roe announced that the tools used for evaluating the Summit are the tools developed by the SF HPPC. However the CDC did not give any credit to the HPPC. Kathleen Roe explained that the CDC had agreed to cite and give credit to local bodies for tools they decided to use, yet had not done so.

**12. Presentation on Bridging the Gap Conference.**

Father River Sims announced that the Bridging the Gap Conference will take place on May 3rd and 4th. He encouraged everyone to attend. The Outreach Committee will have a table at the Conference to give out information about the HPPC. Father Sims asked for volunteers. The Conference has a limit of 500 attendees, Toni Young warned that spaces are running out, and members should try to register by the end of the day. Larry Meredith sees this conference as a historic event; because this is the first time that a federal official will be at a Harm Reduction Conference.

**13. Roll Call Voting**

***Shawn O'Hearn motioned that roll call voting be adopted by the Council for the voting of every motion.***

Tony Leone warned that not every motion should require roll call voting. But that the

roll call voting should only be used for "substantial motions."
***The motion was amended to state as follow: Roll call voting will be adopted by the Council for the purpose of recording the votes on substantial main motions.***
In Favor: 11
Opposed: 0
Abstained: 4

**14 Closure and Evaluation**

The Council Adjourned. At 6:05 p.m.

Attached to minutes for absent members:
1-Agenda
2- Director's Report
3-Process Evaluation Forms
4-DPH Employment Opportunity announcement
5-Conference Interest Survey Form
6-HPPC Retreat Flyer
7-CAB Nomination letter and form
8-Minority Community Health Coalition Demonstration Program
9-Bilingual/Bicultural Service Demonstration Program (Managed Care)
10-Family and Community Violence Prevention Program
11-Stratagies and Interventions slide presentation
12-A LANDMARK IN PREVENTION flyer
13-Copy of STD Awareness Month City Proclamation

Minutes Written by: Marin Trujillo
Minutes Reviewed by: Tracey Packer, Toni Young

# ATTENTION!!!

There is no HIV Prevention Planning Council meeting on Thursday, May 13th, instead there will be a retreat for members.

Any questions, please call Betty at 554-9492.

Thank you

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# HIV PREVENTION PLANNING COUNCIL MEETING

**June 3rd, 1999**
**5:45 PM to 9:15 PM**
**Mission High School Auditorium**
**3750 18th Street**
**(between Church and Dolores)**
**San Francisco**

Meeting called by: HPPC Co-Chairs **Co-Chairs:** Larry Meredith A. Toni Young Dredge Byung'chu Kang

*Please read and bring:*

- Agenda
- **Briefing Packet**

| | | |
|---|---|---|
| 1. Welcome | • Introductions<br>• Background on reason the HPPC is holding this forum<br>• Ground Rules | 5:45-6:05 |
| 2. Position Statements | | 6:05-6:40 |
| | • Advocate of Private Spaces (10 minutes)<br>Michael Petrelis, QUEER NATION | |
| | • Department of Public Health Policy (15 minutes)<br>Mitch Katz, Health Director,<br>San Francisco Department of Public Health | |
| | • Advocate of Private Spaces (10 minutes)<br>Steve Filandrinos, Community Activist<br>HEALTH WATCH | |
| 3. Overview of Available Research | • Bill Woods, Ph.D<br>Center for AIDS Prevention Studies | 6:40-6:55 |
| 4. Break | | 6:55-7:15 |
| 5. Public Comment | | 7:15-8:25 |
| 6. Council Discussion | | 8:25-9:10 |
| 7. Possible vote and Adjournment | | 9:15 |

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## UPCOMING MEETINGS

***Note: All meetings are open to the public and are held in handicapped accessible facilities. Alloted time periods for agenda items are approximate and may require adjustments.***

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Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at 554-6083.

HIV PREVENTION PLANNING COUNCIL

June 3, 1999

The Minutes of this meeting are missing.

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# HIV Prevention Planning Council Meeting

## June 10th, 1999

## 3:00 to 6:00 p.m.

## Mayor's Conference Room at City Hall, Room 201

## Van Ness (@ Grove St.)

## San Francisco

Meeting called by Co-Chairs: Dredge Byung'Chu Kang, Larry Meredith, A. Toni Young

*All agenda items include time for public comment*

| | | |
|---|---|---|
| 3:00pm | Food, welcome, introductions, announcements | A. Toni Young |
| 3:20pm | Review and approval of minutes from 4/8/99 | A. Toni Young |
| 3:25pm | General Public Comment | A. Toni Young |
| 3:35pm | New Business/ Council Member Agenda Input | A. Toni Young |
| 3:45pm | HIV Prevention Director's Report | Larry Meredith |
| 3:55pm | Election to Steering Committee - At-large members | A. Toni Young |

*Members who have self identified to become at-large representatives to the steering committee will be voted on at this meeting. John Blake West's statement of his willingness to run has been included in the pre-meeting information. VOTE*

| | | |
|---|---|---|
| 4:00pm | Priority Setting Committee Report | Michael Discepola |

*Priority setting has been working since its October presentation to refine its priority setting process - beginning by reorganizing the Behavioral Risk Populations. Please take a moment to read about the revised BRPs in the enclosed information. This is the first of two presentations from this committee prior to the new prioritization process being finalized. VOTE*

| | | |
|---|---|---|
| 4:40pm | BREAK | |
| 4:50pm | Report on the Detuned Assay Results | Sandy Schwarcz |

*Sandy will talk about the use of this new technology to assess recent HIV infections. She will use recent data from "detuning" blood samples to describe incidence rates (new infection rates) among some populations.*

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5:30pm Report from the Sex Club Community Forum — Sister Marymae Himm

*Depending on the outcome of the community forum (6/3/99) the nature of this discussion may just be feedback from the forum – or include a vote if none was taken on June 3rd.* ***POSSIBLE VOTE***

5:55pm Closure and Evaluation

***Note, all meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.***

**UPCOMING MEETINGS:**

HPPC Meeting: Thursday July 8th, 3pm-6pm, Location TBA

HPPC Meeting: Thursday August 12th, 3pm-6pm, Location TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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**Members Present:**
Marcos Bañales
Michael Bogan
Carla Clynes
Manny DaCalanio
Michael Discepola
Brenda Escobar
Sister MaryMae Himm
DredgeByung'chu Kang
Jennifer Lorvick
Melinda Martin
Byron Mason
Mazdak Mazarei
Larry Meredith
J. Colin Partridge
Dawn Passar
María Rinaldi
Father River Sims
Tracey Packer
John Blake West
A. Toni Young

**Members Absent:**
Joan Benoit
Michael Caruso
Lyn Fischer-Ponce
Dave Hubbard
Jaron Kanegson
Stephen King
Willi McFarland
Lauren Michaels
John Newmeyer
Shawn O'Hearn
Jeff Poltl
Danielle Stringer

**Parliamentarian:**
Tony Leone

**Harder + Co.**
Kristin duBay Horton
Michael DeMayo

**Guests:**
Nina Ayala-*MARCC*
Bill Barnes-*Mayor's Office*
Richard Carrazza
Richard Cornwall
Steve Gibson-*Stop AIDS Project*
Tom Ginan
Rafael Ildefonzo-*MARCC*
John Claude Koury
Lincoln Madison
David Pasquarelli-*ACT UP SF*
Hank Wilson, **ACT UP Golden Gate**
Randy Wendelin

**Process Evaluation Team:**
Wendy Hussey
Kathleen Roe

**DPH/AIDS Office Staff:**
Elizabeth Davis
Delia Garcia
Kate McLaughlin
Peter Twyman

**Polaris R & D, Inc.**
Marin Trujillo

## 1. Welcome, Introductions, Announcements

Toni Young and Larry Meredith convened the meeting at 3:05. Toni welcomed everyone to the new room at City Hall and invited members and public to partake on the food that was provided for the meeting.

*Member Absences:*
Willie McFarland, Steven King, Shawn O'Hearn

- Toni Young announced Shawn O'Hearn had an accident and would not be able to attend.
- Manny DaCalanio announced he would leave early.
- Brenda Escobar announced she would leave early.
- John Blake West expressed his gratitude to all Council members for their support during his hospital stay. The Council welcomed him back with a round of applause.
- Wendy Hussey from Process Evaluation, announced profiles of Council member and HPPC TA had been completed and available for everyone to read.

- Kristin duBay Horton announced the Cooperative Agreement process began that day. A schedule was supplied to members that showed the many ways in which Council members could give input to the process.
- Tracey Packer announced Willie McFarland and Steven King would be absent and Carla Clyne would be late.

- Byron Mason announced the Outreach Committee was completing their latest edition of **"The Collaborative Voice."** He asked members who had anything to contribute to the Newsletter, to give it to him or Manny DaCalanio.

- Marcos Bañales announced he was invited to attend the Southwest Latino Conference. He thanked Jennifer Lorvick and Mike Pendo for helping him prepare in presenting a workshop on substance abuse and HIV.

- Peter Twyman announced Lyn Fischer-Ponce would be late.

- Carla Clyne announced that on June 11, there would be a transgender meeting at the AO, 25 Vaness, 3rd floor.

- Maria Rinaldi announced that on June 17, the **Mr. Latino Gay contest** will take place at the Mission Cultural Center at 6:15 P.M. Marcos Bañales will participate as juror.
  In addition, on June 18, at the Victorian Theater, a movie made in a co production with Mexico, titled "El Otro Lado" will be shown. She and Carla Clyne appear in the movie. The move deals with an HIV+ couple that wants to enter the United States to seek treatment.
  Maria also announced she would leave early all following Council meeting to take care of a close relative who is ill.

- Dawn Passar, announced the opening of St. James Infirmary, offering services to women in San Francisco. She also announced her son is currently appearing in Road Rules.

- Dave Pasquarelli (**Member of the Public**) announced that on Wednesday June 23, 1999 a public discussion would take place at the Park Branch of the Library by Dr. Peter Duceberg, The AIDS Dilemma, sponsored by the Health Education Liaison. Also on Friday June 25, a panel discussion on Rethinking AIDS from tragedy to triumph, at 7:30 at the UC Berkeley extension, 55 Laguna street.

**2. Review and approval of minutes from 4/8/99**

The HPPC Council minutes of May 13, 1999, were approved with out corrections.
In Favor: 13
Opposed: 0
Abstained: 3

### 3. General Public Comment

Nina Ayala and Rafael Ildefonzo from **Multicultural AIDS Resource Center of California (MARCC).**

- Announced the MARCC would hold a conference titled "A Call To Oneness" a conference of compassion and HIV Disease. The Conference will take place from December 1st to December 4th, at the Most Holy Redeemer Parish, 100 Diamond Street. Registration fees are 25 dollars before July 15th, and 50 dollars afterwards. There are scholarships available, contact the MARCC for more information.

Randy Wendelin-**Member of the Public.**

- Came to support the DPH's decision to banned private spaces in sex clubs and bathhouses. He asked the HPPC to rescind its decision made at the Sex Forum meeting. Mr. Wendelin stated he was a person who has lived with AIDS for the last 15 years, who understood the seriousness of the disease and was familiar with the behaviors that take places in bathhouses. Mr. Wendelin was concerned with the behavior that occurs in locked rooms, and is especially concerned with the methafetaimine users. He warned that HIV could easily spread in bathhouses because of the multiple partners, which s could potentially have unprotected anal intercourse behind a locked room. If the City could save ONE life by prohibiting private spaces in sex clubs and bathhouses, the banned was valid. Mr. Wendelin cited that although there was no evidence to support his opinion, the City nor anyone else had date to disprove it either.

Dave Pasquarelli from **ACT UP San Francisco**

Mr. Pasquarelli commented on the good, the bad and the ugly of the HPPC Sex Forum Meeting.

- On the good, he commented the last HPPC forum was a great opportunity for the community to be heard. He thanked the people who participated. Many people did not show up, especially HPPC members who were also DPH employees. He felt that was intolerable he expected everyone to be there.
- On the bad, he felt the Forum was disorganized, the i.e. the microphones did not work. He though it intolerable that Sister MaryMae Himm attended the forum in drag, he felt that was not acceptable. He felt the media needed to see him as he usually dressed and not in drag. He accused Sister MaryMae of being unprofessional and doing a disservice to the gay community.
- Mr. Pasquarelli acknowledges what Mr. Wendelin said. However, Mr. Pasquerelli claimed that HIV did not cause AIDS. He asked members to review the BRA as proof. He also claimed that the current HIV antibody test was unreliable. He claimed the medications given to HIV + persons were poising the body.

Richard Carrazza,

- Thanked the council for their vote to support the reopening of bathhouses. He saw the reopening of bathhouse with private spaces as a sign of personal empowerment from the City to the gay men.

Richard Cornwall, **member of the Public**

- Agreed with Mr. Carrazza's statements and applauded the HPPC's decision. He asked the HPPC not to confuse the current bathhouses with those of the 70s. The limited research available on bathhouse showed that they served as prime sites for distribution of safe sex information.

Hank Wilson from **ACT UP Golden Gate**

- Mr. Wilson came to the HPPC to address the issue of Nitrite Inhalants (Poppers) and their relation between receptive anal intercourse and Human immunodeficiency virus infections. Mr. Wilson stated there was a body of research on the issue that was not being heard by the grassroots community in San Francisco. The information is important to help reduce the spread of HIV with persons using poppers. The research shows that poppers are used to facilitate anal penetration. The research shows there is danger of infection because the use of poppers suppresses the immune system, and at the same time disorients the user. If the receiver who is the user, does not use a condom, and is exposed to HIV at that time he has a higher chance of infection because he used poppers. The danger can be more grave then the research shows since the study looked at persons who took three inhalations, which is not the norm in the gay community. Potentially the risk could be greater. However, more research is still needed to understand why some that are exposed do not get infected. Mr. Wilson will try to have the city revisit the subject of using posted warnings to warn users of the dangers involved with poppers and unprotected anal intercourse.

Toni Young asked Mr. Wilson how the data of the early 80's about poppers differ from the new data. Mr. Wilson sated the differences was that the study in the 80's concluded that poppers were not imminosuppresant. However, subsequent research in the subject was not widely publicized, which did find a correlation. Mr. Wilson made clear that the intent of the warning signs was not to incite prohibition movement, but to educate the users of the possible dangers.

Bill Barnes from **Mayor's Office**

- Announced there would be a conference in New Orleans, which Mayor Brown will attend. The CDC convened this conference to discuss the spread of HIV among the 20 largest cities with the highest rate of HIV in African American populations. Though it is highly possible that a lot of information sharing would take place, it was also thought that engaging conversation on the issues that affect the African American population would be discussed. Mr. Barnes asked if there were any issues that the HPPC wanted the Mayor's office to raise at the conference. No one stated any.

- The Mayors Office plans to bring to the conference the issues on:
  1- AIDS Surveillance system. The Mayor opposes a name based system. However, he will support a surveillance system that use unique identifiers.
  2- Needle Exchange. The Mayor's office will try to push the issue of needle exchange into the national agenda.
  3- Increase of cities funded by CDC. It is the Mayor's Office opinion that there are more cities than the current six that should receive direct CDC funding.

David Pasquarelli stated that a surveillance system was not needed, and hence the Mayor's Office need not worry about it. He also stated that the rate of HIV for the African Americans was reducing and not increasing. Mr. Barnes assured Mr. Pasquarelli that he would relay his feelings to the Mayor.

Ronny Burk **Member of the Public**

- Mr. Burk stated he was 44 years old and had been HIV positive for a long time and remained healthy without the use of any medication. He initially moved to San Francisco because he thought it would be the best place for someone with HIV, however, he now feels that was incorrect. He finds it insulting to attend meetings like the HPPC's where the interest of the rich and the establishment are carried on by the "uncle toms."

Reid Condit, **Member of the Public**

- Thanked the council for their vote to recommend to the Health Commission that it rescind the order to ban bathhouses. He also congratulated the HPPC for the information packages that were created for the June 3rd meeting. He also clarified several mistakes that he found in the packages. He supplied the HPPC with a letter pointing out the mistakes.

Lincoln Madison, **member of the Public**

- Mr. Lincoln asked that the issue of bathhouses and the issue of negating that HIV causes AIDS need to be separated. He wanted to let the HPPC know that there are people who believe HIV causes AIDS and who also support private spaces and the reopening of bathhouse. Mr. Madison also stated there were currently 12 cities with bathhouses, he asked why had they not followed San Francisco's actions especially if the city acted upon sound public health policy.
- Mr. Madison stated the issue of bathhouses could be understood in two ways, public health policy and politics. Mr. Madison stated there were 12 cities in the United States that had bathhouses with private spaces. Cities such as Salt Lake City, a city that is not well know for having gay rights, yet allow private spaces. The argument that Salt Lake City did not care about public health would not be true, however it does not care for gay rights. If the decision to prohibit bathhouses in San Francisco, was made on public health policy, "why have no other cities in the nation followed San Francisco's decision?" Mr. Madison wanted to make clear that the bathhouse of the 70's and 80's spread AIDS, but the bathhouses of the 90's do not. If the city is to view the issue of bathhouses under the context of public health, then it must allow them to reopen.

**4. New Business/Council Member Agenda Input**

Father River Sims

At this time Father Sims announced the Outreach Committee in collaboration with the Strategic Evaluation Task Force will put together a public forum titled "What Works in HIV Prevention." The Committee is asking members for suggestions on topics of discussion at the forum. The

Strategic Evaluation Task force, who will give a presentation on all topics, would research all selected recommendations. Community members would also participate on the discussion. Members were instructed to turn in their suggestions to Kristin duBay Horton.

The Outreach Committee is also searching for volunteers to staff the HPPC booth during the Gay Parade, June 27th. Everyone interested please contact Kristin or Father Sims.

Maria Rinaldi asked that the HPPC schedule a discussion/presentation from those who believe HIV does not cause AIDS.

Maria expressed concerns over an article in the BAR that described how Mayor Brown matched funds from DuPont Laboratories to conduct HIV prevention. If the Mayor funded this that meant there was money. She wanted to know why the Mayor did not make that money available through already established channels, such as the HPPC. Toni Young explained a panel would be convened with possible one or two of the HPPC Community Co-Chairs. The panel will be used by the Mayor's Office to guide them in the distribution of money that was set aside to fund programs that would not otherwise receive funding, by either city or federal funds. Toni informed the Council that the Mayor's Office was also using the Plan as a guide for distribution. Toni asked the Mayor's representative (present at the meeting) to have someone come to the next meeting and explain the process to the HPPC.

Maria asked that the Co-Chairs be more sensitive to the Council's lack of information and in the future update members about all activities in which the HPPC may participate. She also asked that members receive a more concrete explanation of how the HPPC would be involved with the Mayor's process.

Sister MaryMae asked that the HPPC schedule a discussion concerning the creation of a formal linkage between the HPPC and the CARE Council. He would ask that any partnership be listed in the HPPC's Bylaws. Toni Young recommended that Sister MaryMae attend the next Steering Committee meeting where bylaws will be discussed. She also suggested attending the Joint Co-Chair meeting, at which representatives of the HPPC, CARE Council, Maternal Child Health, Treatment on Demand, and Mental Health meet.

**5. HIV Prevention Director's Report**

Larry Meredith briefly reviewed key items of the Director's report.

The Board of Supervisors will review the City's budget, including that of the DPH. He encouraged members to attend the meeting.

There are several positions that are open, he instructed anyone who wanted more information to contact, Delia, Tracey or himself.

Larry explained that no one applied for the Prevention for Speed-Using MSMs RFP. The Speed Working group will reconvene to take into account the debriefing from the agencies that were

candidates and did not apply, so as to have a responsive RFP that will encourage competition from agencies or to recommend use of another process.

Michael Discepola stated that some agencies did consider writing proposals for this RFP. However, he found the process very rigid and the amount of money unrealistic for the proposed goals. He felt the money should have been released a long time ago. He applauded Mike Pendo for holding the meeting on this issue. He would like a discussion from the agencies that apply to discuss what they could have potentially done. He felt that population was greatly underserved and needs the DPH's help. He felt the amount of time allowed was horrible.

Maria Rinaldi asked the HIV Prevention Section to announce the recipients of funding from the CFP RFP. Larry announced:

1. Instituto Familiar De La Raza received $50,000 to serve Latinas 12 to 30 years old.
2. Cal PEP received $27,500 to reach African American women 19 to 30 years old.
3. Huckleberry Youth Programs received 22, 500 to reach African American women 12 to 18 years old.

Michael Discepola asked if the CAB members for the Primary Prevention for HIV positive persons had been informed. Tracey stated they had not been informed and won't be until certain representation gaps are filled, such as a MTF.

**6. Election to Steering Committee-at-Large members**

Toni Young reported the call for Member-at-Large of the Steering Committee had closed and that only one person volunteered, John Blake West. She explained the Committee was required to have two members, but it had only recruited one. At this time, some members asked Toni to continue recruiting. Toni Young and others explained that the call for At-Large Members has been open for over three months and only one person had shown interest.

***At this time Sister MaryMae Himm motioned to accept John Blake West as member at large of the Steering Committee.*** The motioned was approved unanimously.

John Blake West expressed sadness and concern over the lack of participation from other members.

**7. Priority Setting Committee Report**

Michael Discepola and Jennifer Lorvick, co-chairs of the Priority Setting Committee gave a presentation to the Council. The Committee explained their proposal to collapse the BRPs from the present 12 to 8 BRPs. The proposed change explained Michael, was needed because the 1998 Priority-Setting Model required the use of incidence data to prioritize the BRPs. The Committee found that there was not sufficient incidence data for all of the 12 BRPs. The Committee found that collapsing the BRPs from 12 to 8 would allow for sufficient data to rank the BRPs.

The proposed changes to the BRPs from 12 to 8 are as followed (not in ranked order).

| 12 BRPs Model (OLD MODEL) | 8 BRPs Model (NEW MODEL) |
|---|---|
| 1 - MSM-IDU<br>MTF (pre-op) and FTM (post-op) | 1) MSM, MSM/F |
| 2 - MSM/F-IDU<br>MTF (pre-op) and FTM (post-op) | 2) MSF-IDU |
| 3 - MSM<br>MTF (pre-op) and FTM (post-op) | 3) MSM-IDU, MSM/F-IDU |
| 4 - MSM/F<br>MTF (pre-op) and FTM (post-op) | 4) FSM-IDU, FSF-IDU, FSF/M-IDU |
| 5 - FSM-IDU<br>FTM (pre-op) and MTF (post-op) | 5) FSM. FSF/M, FSF |
| 6 - MSF-IDU<br>MTF (pre-op) and FTM (post-op) | 6) MSF |
| 7 - FSF/M-IDU<br>FTM (pre-op) and MTF (post-op) | 7) TSM, TSM/F, TSF |
| 8 - FSF-IDU<br>FTM (pre-op) and MTF (post-op) | 8) TSM-IDU, TSM/F-IDU, TSF-IDU |
| 9 – FSF/M<br>FTM (pre-op) and MTF (post-op) | |
| 10 - FSM<br>FTM (pre-op) and MTF (post-op) | |
| 11 - MSF<br>MTF (pre-op) and FTM (post-op) | |
| 12 - FSF<br>FTM (pre-op) and MTF (post op) | |

Jennifer explained the collapsed model. She stated the Committee was aware of the difference between populations although many of them may be grouped under one BRP, such as MSM and MSM/F, which are not necessarily similar populations. The next step with a revised eight BRP model would be to identify sub-populations for each BRP. That way, if a sub-group exists under the BRPs, the Priority Setting Committee could identify it and use data collected on that population. Any sub-populations identified would have to be assessed and ranked as well.

Discussion:

Sister MaryMae asked if the proposed 8 BRPs model is approved, would the Committee complete prioritizing them in time for their next presentation in July. Michael Discepola said that was the goal.

Maria Rinaldi asked for more background on the proposed changes. Jennifer stated that the BRPs are used to direct HIV prevention that is oriented around population's behavioral risk or potential risks. Using the BRPs allows for more exact risk profiles of all populations. A second

reason stated by Michael Discepola was that research is conducted this way, and that the HPPC needed to use a common language to interpret research. Michael DeMayo also stated that the HPPC was mandated by the CDC to have a model for distribution of funds according to high-risk populations

Maria Rinaldi expressed concerns over the dangers of overseeing sub-populations with the new BRPs model. She set as an example the MSM/F populations who could be divided into two populations, MSM/F identified and MSM/F non-identified; both groups have different risk behaviors. She felt collapsing the MSM/F with the MSM will prevent the HPPC from serving the sub-population MSM/F non-identified. If the thinking of the Committee is that that sub-population will be identified under the sub-populations yet to be identified and set as a priority she wanted to know this before casting her vote.

Jennifer Lorvick responded by saying that none of the groups listed in the 8 BRPs model were homogenous. She said the same problem could occur with other groups. The idea that grouping them together will lose people is a real one, however, under the 12 BRPs model, populations were also missed. The Priority Setting Committee is working to resolve this problem.

Michael Discepola stated that the Committee would discuss specifically the issue of BRPs sub-populations at their next meeting. The results of that meeting will be presented back to the HPPC.

Sister MaryMae asked members to remember that there really is no way to classify people. He asked the Council to recognize that data comes to the HPPC in a certain way. The HPPC must be prepared to understand that information and than relate it back to the Council without spending too much time translating data. Secondly, the Council must in the end come to an agreement on a tool or process that is "good enough."

Public comment:

David Pasquarelli **from ACT UP San Francisco**
Asked that all incidence data for priority of all BRPs be brought to the Council since he has seen many of the BRPs populations to be zero from counseling and testing data. Jennifer stated that the Committee could get some data on all BRPs. She also stated that incidence data from counseling and testing is not the only data that is considered when prioritizing BRPs. There is incidence data from many other sources that will be uswed.

David Pasquarelli felt the incidence data provided by the DPH was erroneous since it does not take into account the number of people being tested. He questioned the validity of the data. Jennifer stated that the Committee was pulling information from other places aside from the DPH, all of them local.

***Sister MaryMae moved to accept the collapsed BRPs as presented by the Priority Setting Task Force, with the understanding that it still needs to develop sub-populations and present them at a future meeting.***

The motion was approved unanimously.

**8. Break**

**9 Report on the Detuned Assay Result**

Sandy Schwarcz from the DPH gave a presentation on the pilot of the Detuned Assay. The Detuned Assay uses a standard ELISA test and a second ELISA test that is a less sensitive test. The standard ELISA test picks up deposits of anti bodies from early infections to late infections. The less sensitive ELISA picks up antibodies levels from 4 to six months of sero-conversion. The Detuned Assay indicates recent infections. The Detuned Assay Test will ultimately show researchers how many HIV + persons have been infected recently. This will give a better understanding of where the epidemic is going.

Discussion:

Toni Young asked if high rates in 36 to 44 years old are higher because it is a reflection of the people who attend the clinic where the test was conducted or a representation of those in that age group. Sandy agreed with Toni on the possible confusion on the interpretation of those results, but reminded the Council that would always be the case with tests conducted at a singular site.

Toni also asked how the data from the Detuned Assay compare to the results presented to the HPPC by Willi McFarland on the spread of HIV when looked at by zipcode areas in San Francisco. Sandy stated that both studies had not been compared yet.

John Blake West asked that copies of the slides of the presentation be provided to all Council members in the minutes.

Marcos Banales asked about the gonorrhea findings and their correlation to the spread of HIV. Sandy stated that an association was found between the two epidemics. Recent infections of rectal gonorrhea are associated with HIV infection.

Larry Meredith suggested viewing this study's findings by zip codes, to compare with the findings of Willi MacFarland. Sandy agreed to do this.

Public Comment:

David Pasquarelli **from ACT UP San Francisco**
Claimed the ELISA test was unreliable when used to detect HIV and that most sites that use it give a wrong result.

Sandy stated the ELISA test was remarkably reliable, and suggested to David to review the vast published material that supported this. She also assured the Council that all those tested receive two more regular tests when they are found to be positive.

David questioned Sandy's conclusions since she used peprin coated samples. He stated that Anthony Falcio had published that blood samples, which have been prepared with peprin, gave inaccurate readings of antibodies. Sandy stated none of the samples used for this study were coated with peprin. She also stated that Mike Fush has verified if in fact the use of peprin helped create an unstable sample for study, no proof was found.

David asked if the gay community was being aggressively targeted for this type of testing and if so would this type of targeting incorrectly reflect higher infection rates. Sandy stated that the gay community was not being targeted for these types of studies.

David asked what was the purpose of the Detuned Assay Test. Sandy explained the test helped identify those who have had a new infection and those who have had an infection of longer duration. This is important so as to understand what is happening with the HIV epidemic and to assist people to receive easily intervention.

David stated that tests such as the Detuned Assay are used to distribute death sentences to gay men by exposing them to medications and treatments that are poisonous to the body.

Hank Wilson **from ACT UP Golden Gate**
Asked if those tested had been asked about drug use, Sandy said there were no specific questions about drug use since it was a blind survey. He suggested interviewing all individuals who tested positive to a recent infection of HIV. It has been his experience that people in therapy for HIV infection tend to participate on surveys for the sake of research.

Hank at this time spoke of the correlation found between popper users and HIV positive persons. It has been concluded that MSM who use poppers are at a higher risk of HIV infection because; 1-the use of poppers reduces the strength of bodies' immune syste, 2- increases the person's risky behavior when having anal intercourse.

**10. Report from the HIV Prevention and Private Spaces Public Sex Venue Forum**
Sister MaryMae Himm facilitated discussion.

Sister MaryMae announced that the transcripts from the June 3rd meeting were analyzed by Brian Dobrow and Tony Leone. Both parliamentarians identified a problem with the vote that approved the motion to rescind.

According to Brian Dobrow's memo concerning the error "...when the motion was made to rescind the prior action (referring to the motion tabled), it was required that the sponsor of the tabling motion introduce this motion AND that it be approved by a two-third vote. The Vote was 9 yes and 7 no. Two Thirds would have required 11 yes..." (see attachment for complete version).
Sister MaryMae explained to the Council that the motion would have to be presented again if the Council wanted to retain the decision it took at the June 3rd meeting. Dredge asked if the HPPC

was bound by all of Robert's Rules of Order according to the bylaws. Sister MaryMae stated the HPPC was bound by all of Robert's Rules of Order, and that a new motion was the only way the HPPC could uphold the decision made at the June 3rd meeting.

***At this time Dredge Byung chu Kang motioned that the HIV Prevention Planning Council recommend to the Department of Public Health that unless clear and compelling evidence exists that private spaces and public commercial sex environments increase the rate of HIV transmission, that the Department of Public Health rescind the current policy that prohibits private spaces in commercial sex environments.***

Member Discussion:

- Marcos expressed concern over the lack of preparation some of the Council members had since they did not attend the June 3rd meeting. He felt absent members did not have the opportunity to discuss and hear all of the issues surrounding the reopening of bathhouses and were not prepared to vote on the issue at this time.

- Toni Young asked that the HPPC look at the bathhouse issue as one of importance to the Council because it dealt with a prevention issue and not because it was a civil rights issue. She disagreed with the motion's statement that reopening the bathhouse would get San Francisco to a better foot on prevention of AIDS. She promised however, that as Co-Chair of the HPPC she would execute the motion if it was approved, regardless of her own personal feelings.

- Dredge Byung chu Kang felt the language in his motion differed from the original motion stated by Maria Rinaldi at the June 3rd meeting because it used the word "unless." He also stated that was an important part of the motion because it would allow the HPPC to rescind its own position if compelling data showed that private spaces in bathhouses increased the rate of infections.

- Jennifer Lorvick felt bathhouses would help reduce the rate of HIV infections. She felt many people do not access sex clubs because there are no private spaces available for them. She felt San Francisco in general was missing the opportunity to access and educate those people. She argued the position of closing the bathhouses because this could save one life did not compel her because it is not know how many people are being missed because they do not attend sex clubs with out private spaces. She argued that rather than restricting the options of private sex, the DPH should see this as an opportunity to access this venue and educate more people on safe sex. She encouraged the S.F DPH to work with the other cities that house bathhouses like Berkeley and San Jose who use their cites to educate people on safe sex.

- Michael Discepola, asked that any letter sent to the Health Commission with the recommendation should include criteria for recommendations and prevention tools that could be used in the bathhouses. Sister explained any letter drafter would first have to be reviewed and approved by the Council.

➢ Marcos Banales asked if absent members who voted on the original motion would be counted this time. Sister MaryMae said no.

Public comment:

- Richard Carrazza **member of the Public**
  Stated that bathhouse were primarily used by low income men of color. Prohibiting such spaces would make it more difficult for persons to protect themselves. He felt other people in the community needed to be given empowerment, allowing them the choice to act in a healthy way would give those who frequent sex clubs personal power.

- Lincoln Madison **member of the Public**
  Supported the motion. He noted that the existing sex clubs in San Francisco are considered illegal outside of San Francisco. He supports the motion and the implementation of guidelines for safe sex, implemented by the DPH.

- David Pasquarelli **from ACT UP San Francisco**
  Asked that the HPPC vote again at this meeting and that the motion be approved s it was in the June 3rd meeting. David at this time demanded that the HPPC explain what "clear and compelling evidence" meant in the motion. No one from the Council commented.

- Hank Wilson **from ACT UP Golden Gate**
  Supported the motion. Mr. Wilson state there were many gay men, specially older gay men who do not getting any safe sex or HIV information, because they do not t frequent bathhouses. Mr. Wilson felt many men do not go to bathhouses because they do not have private spaces. He argued that if the bathhouses were to allow private spaces, many men would visit them and not have sex in parks and cars. Such men would specifically benefit, since they would be exposed to safe sex materials at the bathhouses. He urged the Council to vote in favor of the motion as a sign of support in the prevention of AIDS.

ROLL CALL VOTE SHEET INCLUDED IN ATTACHMENTS.
The motion was approved by:
In Favor: 9
Opposed: 6
Abstained: 1

At this time, Sister MaryMae introduced a draft letter created by the Public Sex Forum Committee. The letter was to be reviewed and approved by the Council and sent to the Health Commission.

Jennifer Lorvick stated that she was not ready to vote on the content of the letter. She asked that members be given more time to review and comment on the content of the letter. The Council agreed.

Toni Young explained the letter would need as much Council input as possible. Technical support will coordinate a process in which all Council members are able to give their input on the letter. It is expected for this process to occur with the next three to ten days. Dredge will be the contact person for collection of feedback.

Michael Discepola was not comfortable with drafting any letter until members discussed prevention issues. He asked if members would have time to have a discussion on that issue. Toni Young suggested a working group could convene to draft the letter and hold discussions. Tracey Packer suggested the original Forum Development group, would be the best group to do this. Sister MaryMae stated they would meet again next Friday, place and time to be announced.

Sister MaryMae asked that all members fill out their process evaluation forms for the meeting of June 3rd.

Michael Discepola, wanted to expressed to the Council how this choice was personally difficult. It was a process that presented a challenge to the Council, especially in terms of process after the meeting on June 3rd.

At this time Toni Young thanked the Public Sex Forum Committee for their great work.

***Attached to minutes for absent members:***

1. Agenda
2. Roll Call Vote Sheet
3. Outreach Committee Flyer
4. HIV Prevention Planning Director's Report
5. Flyers on Nitrate Inhalants
6. Presentation Materials from the Priority Setting Committee
7. Letter from Brain Dobrow ex HPPC Parliamentarian
8. Letter from Martha Krutzen, Chair of the Lesbian, Gay, Bisexual and Transgender Advisory Committee
9. Letter from Loui Ocampo, Chief of the HIV Community Prevention Section
10. HPPC/CDC Cooperative Agreement Application Matrix.

Minutes Written by: Marin Trujillo
Minutes Reviewed by: Tracey Packer.

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# HIV Prevention Planning Council Meeting
## June 10th, 1999
## 3:00 to 6:00 p.m.
## Mayor's Conference Room at City Hall, Room 201
## Van Ness (@ Grove St.)
## San Francisco

Meeting called by Co-Chairs: Dredge Byung'Chu Kang, Larry Meredith, A. Toni Young

*All agenda items include time for public comment*

| | | | |
|---|---|---|---|
| 3:00pm | 1 | Food, welcome, introductions, announcements | A. Toni Young |
| 3:20pm | 2 | Review and approval of minutes from 4/8/99 | A. Toni Young |
| 3:25pm | 3 | General Public Comment | A. Toni Young |
| 3:35pm | 4 | New Business/ Council Member Agenda Input | A. Toni Young |
| 3:45pm | 5 | HIV Prevention Director's Report | Larry Meredith |
| 3:55pm | 6 | Election to Steering Committee - At-large members<br>*Members who have self identified to become at-large representatives to the steering committee will be voted on at this meeting. John Blake West's statement of his willingness to run has been included in the pre-meeting information. VOTE* | A. Toni Young |
| 4:00pm | 7 | Priority Setting Committee Report<br>*Priority setting has been working since its October presentation to refine its priority setting process - beginning by reorganizing the Behavioral Risk Populations. Please take a moment to read about the revised BRPs in the enclosed information. This is the first of two presentations from this committee prior to the new prioritization process being finalized. VOTE* | Michael Discepola |
| 4:40pm | 8 | BREAK | |
| 4:50pm | 9 | Report on the Detuned Assay Results<br>*Sandy will talk about the use of this new technology to assess recent HIV infections. She will use recent data from "detuning" blood samples to describe incidence rates (new infection rates) among some populations.* | Sandy Schwarcz |

5:30pm Report from the Sex Club Community Forum Sister Marymae Himm

*Depending on the outcome of the community forum (6/3/99) the nature of this discussion may just be feedback from the forum – or include a vote if none was taken on June 3rd. POSSIBLE VOTE*

5:55pm Closure and Evaluation

***Note, all meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.***

UPCOMING MEETINGS:
HPPC Meeting: Thursday July 8th, 3pm-6pm, Location TBA
HPPC Meeting: Thursday August 12th, 3pm-6pm, Location TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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# HIV PREVENTION PLANNING COUNCIL
# ROLL CALL VOTING SHEET

HPPC Council Meeting of: 6-10-99

| Members | In Favor | Opposed | Abstained | Absent | Not Present |
|---|---|---|---|---|---|
| Marcos Bañales | X | | | | |
| Joan Benoit | | | | O | |
| Michael Bogan | X | | | | |
| Carla Clynes | | X | | | |
| Manny DaCalanio | | X | | | |
| Michael Discepola | X | | | | |
| Brenda Escobar | | | | | O |
| Lyn Fischer-Ponce | | | | O | |
| Dave Hubbard | | | | O | |
| Sister MaryMae Himm | | | X | | |
| Jaron Kanegson | | | | O | |
| DredgeByung'chu Kang | X | | | | |
| Stephen King | | | | O | |
| Jennifer Lorvick | X | | | | |
| Melinda Martin | | X | | | |
| Byron Mason | | X | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | | | | O | |
| Larry Meredith | X | | | | |
| Lauren Michaels | | | | O | |
| John Newmeyer | | | | O | |
| Shawn O'Hearn | | | | O | |
| J. Colin Partridge | X | | | | |
| Dawn Passar | | X | | | |
| Jeff Poltl | | | | O | |
| María Rinaldi | | | | | O |
| Father River Sims | | X | | | |
| Danielle Stringer | | | | O | |
| John Blake West | X | | | | |
| A. Toni Young | | X | | | |

Brief description of Motion/Action:

Motion to Rescind Health Commission's Bathhouse



*This sheet must be turned in to a Polaris R&D. Person for inclusion into the minutes.* Last updated 3/27/99.

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# HIV PREVENTION PLANNING COUNCIL
# ROLL CALL VOTING SHEET

HPPC Council Meeting of: 6-10-99

| Members | In Favor | Opposed | Abstained | Absent | Not Present |
|---|---|---|---|---|---|
| Marcos Bañales | X | | | | |
| Joan Benoit | | | | O | |
| Michael Bogan | X | | | | |
| Carla Clynes | X | | | | |
| Manny DaCalanio | X | | | | |
| Michael Discepola | X | | | | |
| Brenda Escobar | | | | | |
| Lyn Fischer-Ponce | | | | O | |
| Dave Hubbard | | | | O | |
| Sister MaryMae Himm | X | | | | |
| Jaron Kanegson | | | | O | |
| DredgeByung'chu Kang | X | | | | |
| Stephen King | | | | O | |
| Jennifer Lorvick | X | | | | |
| Melinda Martin | X | | | | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | | | | O | |
| Larry Meredith | X | | | | |
| Lauren Michaels | | | | O | |
| John Newmeyer | | | | O | |
| Shawn O'Hearn | | | | O | |
| J. Colin Partridge | X | | | | |
| Dawn Passar | X | | | | |
| Jeff Poltl | | | | O | |
| María Rinaldi | X | | | | |
| Father River Sims | X | | | | |
| Danielle Stringer | | | | O | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |

Brief description of Motion/Action:

Motion to approve a collapsed model of the BIPs - From 12 to 8 BIPs



*This sheet must be turned in to a Polaris R&D. Person for inclusion into the minutes.* Last updated 3/27/99.

C:/Voting

# PARTICIPATE IN PRIDE!
# SUPPORT THE HPPC!!

The HPPC will have a table at the PRIDE Fair on Sunday, June 27th.

We need your help to set up the table, clean up the table, and to stand at the table and tell community members about the HPPC.

Please volunteer an hour today.

Contact River Sims or Kristin duBay Horton for more information.

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# Outreach Committee Survey

The Outreach Subcommittee is working with the Strategic Evaluation Task Force to plan a community forum for October 1999. This community forum will draw on the work of a committee and feed directly into the rewriting of the HIV Prevention Plan in 2000. The topic for the community forum is "What works in HIV Prevention". The forum will include a presentation on what the literature says works with the majority of time allotted for community feedback on the literature.

The two committees working together to plan this forum are seeking HPPC input into the information to be presented at the forum – because they are aware that it will be impossible to discuss the entirety of "What works" they are seeking three of four "HOT TOPICS" to be discussed. The forum will then discuss each of these and the research presented will relate to them directly.

*An example: The rise in rectal gonorrhea rates among MSM in San Francsico – does this mean that rates of unprotected anal intercourse are also rising? How do these rates effect HIV Prevention efforts given the links between STDs and HIV transmission?*

Given this as a "hot topic" the SETF would draw information on this issue from the literature and present it. Community members would then be given the opportunity to comment on the literature. Is it true? Does it match what community members are seeing within their own community? Are there distinct perspectives lacking and how can the HPPC, as it works to integrate community values and norms into its recommendations, take these into account?

The question for you today is what should the hot topics be about. **We've given you one example but we ask you to come up with more. Please draw on your individual skills and experiences – what are people wondering about in 1999?**

Name:_____ Phone: _____

Recommended hot topic: _____

_____

Where have you heard about this topic? _____

_____

_____

_____

Feel free to write on the back or attach additional sheets if necessary. Please return this by July 1st to Kristin duBay Horton via fax at 522-5445, via email at kedcth@aol.com or in person or via mail at Harder & Co, 444 De Haro Suite 222, SF, CA 94107.

Thank you for your input!

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# HIV Prevention Director's Report to the HIV Prevention Planning Council June 10, 1999

## HIV PREVENTION ISSUES:

**CDC Resources Available through the Congressional Black Caucus:** Two RFAs have been released from CDC; the first for Community-Based Prevention Projects, and the second for Community Coalition Development. The HIV Prevention Section provided a workshop May 27 for potential applicants on the HIV Prevention Plan, epidemiology in San Francisco, and current resources. CAPS (The Center for AIDS Prevention Studies) is providing peer review for applications (call Ellen Goldstein for more information).

**Primary Prevention for HIV Positive Individuals:** The recruitment for the Community Advisory Board (CAB) for the Primary Prevention for HIV Positive Individuals was completed and 20 members have been selected. The HPPC Co-Chairs will also attend CAB meetings. The CAB will begin meeting in June to assess needs and plan programs to address the primary prevention for HIV positive individuals. The Epidemiology/ Evaluation Section of the DPH is developing a plan for evaluation of the project. The CAB will be asked to report to the HPPC at regular intervals.

**Alternative Solicitation for Prevention Programs for Females who Have Sex with Males (FSM):** The HIV Prevention Section received seven proposals to target African American and/or Latina females 12-30 years old. The Technical Review Process has been completed and award letters will be mailed out by Friday, June 4. Those agencies awarded funds will be announced at the June 10 HPPC meeting.

**Alternative Solicitation for Prevention for Speed-Using MSMs:** No applications were received in response to this solicitation. Mike Pendo brought together the Speed Working Group to review the prevention services prioritized for this population and to determine an appropriate method for ensuring that speed-using MSMs are targeted with prevention programs. These services targeting MSM speed users were prioritized by the Council with 1997 CDC supplemental funding. The Speed Working Group reached the following conclusions:

1) The outreach services need to be flexible. There was not agreement on the best time to conduct outreach (some thought the late night and weekends were not the best times, others thought they were). If late night and weekend hours do not work, then service delivery time might need to be changed.

2) Outreach might not be limited to South of Market, but will need to be justified.

3) $120,000 is not a lot of money. There is a need to maximize this money.

4) Linkages need to be an integral part of the outreach services. Linkages to both the CSAS services and to HIV prevention programs.

5) STOP AIDS, Stonewall Project, and New Leaf will get together to draft a proposal to the HIV Prevention Section on how best to structure these services to serve the population. This idea came from these three agencies and was supported by the Working Group. As part of this discussion, these agencies will look towards maximizing and developing services that will best serve the target population. They will be meeting tomorrow, Friday, June 11, 1999.

6) The HIV Prevention Section and these agencies have committed to having a defined plan on how these services will be structured by July 31, 1999 and will have entered into contract development and negotiation.

**Transgender Working Group:** The next meeting of the Transgender Working Group will be held Friday, June 11, at 2:00-4:00 p.m. at 25 Van Ness Ave., 5th Floor.

**DPH Budget:** The Board of Supervisors is currently reviewing the City's budget including that of DPH. City General Funding for HIV Prevention funding has remained at 1998-99 levels. The Board will hold an open public hearing for the 1999-2000 budget on Saturday, June 19 at 9:00 a.m., probably at City Hall.

**HIV PREVENTION SECTION STAFFING:**

1) **2593 Health Program Coordinator III- CTR/PCRS Program Manager**: Peter Twyman has accepted the position of CTR/PCRS Coordinator. Congratulations to Peter!

**2) 2591 Health Program Coordinator II:** Recruitment for this position, vacated by Peter, has begun. The closing date for the 2591 is June 25, 1999.

**3) 2822 Health Educator:** Due to few applications and budget changes, this position will not be filled, and instead an Assistant Health Educator (2819) position will be filled.

4) **2818 Health Program Planner**: Applications were due for this position that will coordinate the Prevention for Positives Demonstration Project. Interviews will be held in the next two weeks.

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# Poppers and Seroconversion

"Risk Factors for HIV Seroconversion in a Contemporary Cohort of High-risk MSM"" Poster at International AIDS Conference in Geneva, 1998, by Susan Buchbinder, et al. of the HIVNet (HIV Network for Prevention Trials).

"Risk Factors for Human Immunodeficiency Virus Infection and Unprotected Anal Intercourse Among Young Men Who Have Sex With Men"' Sexually Transmitted Diseases,, Vol. 25,No.2 100-107 (1998) by Juan Ruiz et al.

"Histories of Substance Use and Risk Behavior: Precursors to HIV Seroconversion in Homosexual Men," American Journal of Public Health,Vol. 88, No. 1, 113-116 (1998). Margaret Chesney et al.

"Estimation of Human Immunodeficiency Virus (HIV) Seroincidence Among Repeat Anonymous Testers in San Francisco," American Journal of Epidemiology,Vol. 146, No.8, 662-664 (1997). by William McFarland et al.

"A Case-Control Study of Human Immunodeficiency Virus Type 1 Seroconversion and Risk-related Behaviors in the Chicago MACS/CCS Cohort, 1984-1992." American Journal of Epidemiology, Vol. 142, No. 8,875-883 (1995). by David Ostrow et al.

"The Relation Between Nitrite Inhalants, Unprotected Receptive Anal Intercourse, and the Risk of Human Immunodeficiency Virus Infection," American Journal of Epidemiology,Vol.135,No.1. 1-11(1992) by George Seage et al.

"Factors Correlated with Homosexually Acquired Human Immunodeficiency Virus Infection in the Era of "Safer Sex"," Sexually Transmitted Diseases, January-February 1993,pp 51-58, by Antoine Messiah.

"Behavioral, Health and Psychosocial Factors and Risk for HIV Infection among Sexually Active Homosexual Men: The Multicenter AIDS Cohort Study," American Journal of Public Health, Vol. 81, No. 2, 194- 196 (Feb. 1991) by Lili Penkower et al.

"Incidence and Risk Factors for Human Immunodeficiency Virus Seroconversion in a Cohort of Sydney Homosexual Men," Medical Journal of Australia,Vol.150, 634-639 (1989) by Joyce Burcham et al.

"Risk Factors and Prevalence of HIV Antibodies in Homosexual Men In the Netherlands," American Journal of Epidemiology,Vol.125,No. 6, 1048-1057(1987).by van Griensven et al.

by Committee to Monitor Poppers of ACT UP GOLDEN GATE 415-252-9200

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# POPPERS & IMMUNOSUPPRESSION

Increased Tumor Growth in Mice Exposed to Inhaled Isobutyl Nitrite, **Toxicology Letters,** Vol. 104 (1999) 35-41.

Amyl Nitrite Alters Human In Vitro Immune Function, **Immunopharmacology and Immunotoxicity,** Vol. 13 (4), 557-587 (1991).

Effects of Nitrites on the Immune System of Humans, **Health Hazards of Nitrite Inhalants,** National Institute of Drug Abuse Research Monograph #83, 75-80 (1988).

Acute Inhalation Exposure to isobutyl Nitrite Causes Nonspecific Blood Cell Destruction,**Experimental Hematology,** Vol. 24: 592-596 (1996).

Elevated TNF- and Inducible Nitric Oxide Production By Alveolar Macrophages After Exposure to Nitrite Inhalant, **Journal of Leukocyte Biology,** Vol.60: 464 (1996).

Inhaled Isobutyl Nitrite Produced Lung Inflammation with Increased Macrophage TNF- and Nitrite Oxide Production,**AIDS, Drugs of Abuse, and Neuroimmune Axis,** Plenum Press,187-189 (1996).

Inhalation Exposure to Isobutyl Nitrite Inhibits Macrophage Tumoricidal Activity and Modulates Inducible Nitric Oxide, **Journal of Leukocyte Biology**, Vol.57:135-40 (1995)

T Cell Functions Are Impaired by Inhaled Isobutyl Nitrite Through a T-independent Mechanism, **Toxicology Letters,** Vol. 70: 319-329 (1994).

Inhaled Isobutyl Nitrite Compromises T-Dependent,But Not T-Independent,Antibody Induction,**International Journal of Immunopharmacology**,Vol.15,No.7: 821-27 (1993)

Exposure to the Abused Inhalant,Isobutyl Nitrite, Compromises Both Antibody and Cell-Mediated Immunity,**Drugs of Abuse, Immunity and AIDS,** Plenum Press: 265-68 (1993).

Inhaled Isobutyl Nitrite Impairs T Cell Reactivity, **Drugs of Abuse, Immunity and Immunodeficiency**,Plenum Press:265-268 (1991).

Immunotoxicity of Nitrite Inhalants, **Advances in the Biosciences,** Vol. 86,Pergamon Press Ltd.: 645-651 (1993).

Depression of Murine Natural Killer Cell Cytoxicity by Isobutyl Nitrite,**Cancer Immunology,Immunotherapy**, Vol.17: 130-134 (1984).

Leukopenia and Altered Hematopoietic Activity In Mice Exposed to the Abused Inhalant, Isobutyl Nitrite,**Experimental Hematology,** Vol. 24: 848-853 (1996).

By COMMITTEE TO MONITOR POPPERS of ACT UP Golden Gate (415) 252-9200

# POPPERS INCREASE RISK OF SEROCONVERSION

The Relation Between Nitrite Inhalants, Unprotected Receptive Anal Intercourse, and the Risk of Human Immunodeficiency Virus Infection, **American Journal of Epidemiology**,Vol. 135, Number 1: 1-11 (1992).

"The role of nitrite was evaluated between 1985 and 1988 in a study of sexual transmission of the human immunodeficiency virus (HIV) among homosexual male couples in Boston, Massachusetts. Initial enrollment data suggested that a history of unprotected receptive anal intercourse (odds ratio(OR) = 2.3, 95%confidence interval(CI) 1.4-3.6) and a history of nitrite use (OR = 1.7,95% CI 1.1-2.5) were **independent** risk factors for HIV infection. In addition, interaction between nitrite use and unprotected receptive anal intercourse was observed (OR = 5.5, 95%CI 2.8-11.1) after controlling for number of unprotected receptive anal sex partners and history of sexually transmitted diseases. Since it was felt that nitrite use might be a marker for for unprotected receptive anal sexual activity, a supplemental questionaire was administered to obtain information on **simultaneous** nitrite use and unprotected receptive anal intercourse.The supplemental data suggested a strong interaction between nitrite use and unprotected receptive anal intercourse in **increasing the risk of HIV infection**. In the adjusted analyses,the odds ratio for HIV infection was **considerably greater** among men who **always used nitrites** during unprotected receptive anal intercourse (OR =**31.8**, 95%CI 12.9-76.7) compared with men who **sometimes used nitrites** (OR = **7.1**,95% CI 2.1-23.6) or **never** (OR=**9.0**,95% CI 2.5-32.1) used them."

**"The results of this study suggest that use of nitrite inhalants interacts with unprotected receptive anal intercourse to increase the risk of HIV infection."**

# WARNING:

POPPER USE CAUSES **IMMUNOSUPPRESSION** WHICH INCREASES YOUR RISK FOR **SEROCONVERSION** IF YOU ARE EXPOSED TO HIV.

Dear HPPC Member:

At the June 10th HPPC meeting, the Priority Setting Committee will present its recommendations for a collapsed BRP model. It is one of several tasks the Committee will be working this year. Presented below is some background information on what went into the decision to collapse the BRPs, followed by the collapsed BRP list. Please review this information before the upcoming HPPC meeting.

1. The 1997 Assessment Committee revised the priority-setting model as follows:

| 1997 Priority-Setting Model | 1998 Revised Priority-Setting Model |
|---|---|
| • Uses BRPs | • Uses BRPs |
| • *BRPs prioritized by: frequency of behaviors and relative risk of each behavior; prevalence; and populations size score* | • *BRPs prioritized by incidence* |
| • Sub-populations at especially high risk are not specified in the matrix | • Sub-populations at especially high risk will be identified for each of the BRPs in the matrix |
| • At least some funding to all BRPs | • At least some funding to all BRPs |
| • Minimum risk score calculated by provider | • No minimum risk score |

The 1998 Priority Setting Task Force discovered that prioritizing the 12 BRP model by incidence, as suggested above, would not be possible, since incidence data on all BRPs is not available. This would cause some BRPs to fall out of the model, since thier incidence would approach 0. It was decided that collapsing the model made sense from a priority-setting perspective. This follows recommendations contained in the 1997 HIV Consensus Report on HIV Prevalence and Incidence in San Francisco, which is part of the 1998 Addendum to the HIV Prevention Plan (Chapter 6, page 175).

2. The BRP model has been revised to include specific BRP categories for transgendered persons, rather than folding them into the model overall. These recommendations are from a discussion between the Priority Setting Committee and the Transgender Working Group (TWG).

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8 Behavioral Risk Populations - NOT in Prioritized Order

| New BRP | Includes BRPs: |
|---|---|
| MSM, MSM/F | 3, 4 |
| MSF-IDU | 6 |
| MSM-IDU, MSM/F-IDU | 1, 2 |
| FSM-IDU, FSF-IDU, FSF/M -IDU | 5, 7, 8 |
| FSM, FSF/M, FSF | 10, 9, 12 |
| MSF | 11 |
| TSM, TSM/F, TSF | 3, 4, 9, 10, 11, 12 |
| TSM-IDU, TSM/F-IDU, TSF-IDU | 1, 2, 5, 6, 7, 8 |

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## 12 Behavioral Risk Populations in Prioritized Order

1. MSM-IDU
   MTF (pre-op) and FTM (post-op)

2. MSM/F-IDU
   MTF (pre-op) and FTM (post-op)

3. MSM
   MTF (pre-op) and FTM (post-op)

4. MSM/F
   MTF (pre-op) and FTM (post-op)

5. FSM-IDU
   FTM (pre-op) and MTF (post-op)

6. MSF-IDU
   MTF (pre-op) and FTM (post-op)

7. FSF/M-IDU
   FTM (pre-op) and MTF (post-op)

8. FSF-IDU
   FTM (pre-op) and MTF (post-op)

9. FSF/M
   FTM (pre-op) and MTF (post-op)

10. FSM
    FTM (pre-op) and MTF (post-op)

11. MSF
    MTF (pre-op) and FTM (post-op)

12. FSF
    FTM (pre-op) and MTF (post-op)

FROM: BRIAN DOBROW

I have had a chance to read (twice) the transcript of the 6/3 meeting. From what I can determine, there are several very serious problems with the actions that were taken at the meeting.

First, as I understand it, and from the way I read the Meeting Agenda/Announcement, the session on 6/3 was to be a Forum. By definition, a forum is "... an assembly for the open discussion of public matters." It is to provide an opportunity for establishing a dialogue and to hear from the public and affected persons about issues of concern. A forum is not intended to be used as an action vehicle - other than for the gathering of information. The fact that Agenda Item 7 (Possible Vote) was listed on the agenda was an error which should have been clarified at the outset. No vote should have been permitted at this session.

Second, when Fr. River Sims made his motion to table (and it was properly seconded) it took precedence over Maria Rinaldi's motion. It was, however improper in that it specified that the discussion was to continue. The only thing the motion to table can specify is a time/date when the matter will again be discussed (removed from the table). Maria Rinaldi's call for discussion on the motion to table was out of order.

Third, after the lengthy debate/discussion/diatribes, when the motion was made to rescind the prior action (referring to the motion to table), it was required that the sponsor of the tabling motion introduce this motion AND that it be approved by a two-thirds vote. The vote was 9 yes and 7 no. Two-thirds would have required 11 yes (since you can't deal with fractions of people). **This motion failed**. As a result, the subsequent vote on Maria's original motion was completely out of order and is **nullified.**

The HPPC must be made aware of the fact that they did act inappropriately and outside the boundaries of what is permissable under Robert's Rules of Order. Their only alternatives at the moment are:

1. to reconsider the actions that were inappropriately taken at the Public Forum
2. to reschedule the debate/discussion for a specific time in the future that can be properly noticed (according to the Brown Act). By the way, this is too important an issue to be handled in anything less than full and open discussion with possible alternative actions proposed in the agenda. That means, regardless of what the HPPC current position is on the Brown Act, they really need to heed it in this instance.
3. To move on without taking any action (personally, I don't think this is even possible at this juncture).

I hope this helps you somewhat. I'm sorry that it may only further complicate matters. By the way, should anyone question where my interpretations of Robert's Rules came from, in this case they came directly from the Internet under Robert's Rules of Order Common Motions.

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Human Rights Commission

Contract Compliance
Dispute Resolution/Fair Housing
Minority/Women/Local Business Enterprise
Lesbian Gay Bisexual Transgender & HIV Discrimination

Marivic S. Bamba
Executive Director

DRAFT

August 14, 1997

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Dr. Sandra Hernandez
Executive Director
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102

Dear Dr. Hernandez:

The subject of the monitoring of sex clubs and availability of private spaces within those establishments in San Francisco has been deliberated at length by the Lesbian, Gay, Bisexual and Transgender Advisory Committee ("the Committee") of this Commission. Two public meetings were convened by the committee, which featured numerous speakers from several sides of the debate, including sex club owners, representatives from the Department of Public Health (DPH) such as yourself, and private citizen groups. A central theme that emerged from those deliberations was the importance of maintaining a balance between HIV prevention and privacy and civil liberty concerns.

The Committee voted to ask the Human Rights Commissioners to voice these concerns to the Department of Public Health. At our meeting of June 12, 1997 Commissioners voted not to send the letter requested by the Committee. However, we are forwarding the Committee's concerns to you for your information, in the interest of giving the Committee a chance to share with you their point of view.

First and foremost, the Committee believes safe sex regulations and civil liberties are not mutually exclusive. The Committee understands the complications invoked by this debate and honor the work of the Department of Public Health in maintaining the health and well being of the people of San Francisco. At the same time the Committee believes this issue is a human rights issue. It is about individual empowerment and responsibility, privacy, consensual adult sexuality, and the personal negotiation of sexual boundaries.

Testimony at the meetings of the LGBTAC raised several points. Not all of those points can be discussed in this space but a few salient ones, and the Committee's position on them, are summarized below.

Sex clubs do not cause HIV. People get HIV from unsafe sex, primarily in the privacy of their homes. For some people, sex clubs are the primary outlet for sexual expression. Many simply do

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not have access to private space for sex. That's why the emphasis must be on intensified preventative education efforts designed to increase individual awareness and protection no matter where people have sex.

Some lesbian, gay men, bisexuals, and transgendered people expressed the concern that their sexuality has been historically "regulated" by the state in potentially hostile ways, leading to persecution and discrimination.

Transgendered people feel more comfortable in negotiating potentially awkward encounters in private, without interference or public scrutiny. This is an important consideration for the availability of private spaces in sex clubs.

Many people - whether gay, straight, bisexual or transgender, male or female - want more opportunities to negotiate safe sex with partners on their own without interference from officially enforced regulations. They desire the empowerment that mutually supportive, consensual adult negotiation and control provides them. In fact, the official regulations may even send the unintended message that individual responsibility is not paramount since the government will step in to monitor behavior.

The Committee supports the role of DPH and other city agencies in ensuring sex clubs comply with standards of cleanliness and building safety.

The Committee supports the emphasis on voluntary enforcement of guidelines for safe sex in public sex places. Voluntary compliance was a theme that was invoked consistently, by patrons and representatives of a variety of sex club establishments, including those for gay, lesbian, bisexual, transgender, and diverse-constituency clubs. Nobody is opposed to safe sex guidelines, but government monitoring is where the Committee differs.

The Committee strongly supports the efforts of DPH to prevent new HIV infections, especially the emphasizing of voluntary regulations. But the Committee calls on DPH to protect privacy and civil liberties by deleting government-required monitoring and allowing private spaces in sex clubs.

The Committee appreciates and salutes the work of the DPH staff, and valueSits role in making San Francisco a healthy city.

Sincerely,

Martha Knutzen
Chair

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
GRAY DAVIS, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
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TO: HIV/AIDS County & Community Co-Chairs
HIV Service Providers
Interested Parties

SUBJECT: MULTICULTURAL LIAISON BOARD (MLB) - MEMBERSHIP VACANCIES

This letter is to announce four vacancies on the Multicultural Liaison Board (MLB). The MLB is currently seeking applications from African-American, Asian/Pacific Islander, Latino and Native American communities. One vacancy exists, and will need to be filled, for each of the noted ethnic communities.

MLB is an advisory board to the Office of AIDS (OA). The mission of MLB is to advise OA regarding needs and barriers in providing HIV/AIDS prevention, care and treatment services and to recommend effective program interventions and strategies for communities of color.

The MLB is composed of 12 volunteer members representing the following communities: African-American, Asian/Pacific Islander, Latino and Native American. Interested applicants must be willing to attend and participate in quarterly meetings and public hearings throughout the State. All meetings are held in facilities accessible and usable by physically handicapped persons. MLB members are volunteers and there is no monetary compensation. However, costs associated with required travel will be paid by OA.

Interested individuals should have a minimum of two years experience working in planning and implementing HIV/AIDS prevention, care and treatment programs. To apply, please complete the enclosed application (enclose resume), and submit it to the following address by **June 25, 1999:**

Mail to: Glenn Bailey
Office of AIDS
P.O. Box 942732
Sacramento, CA 94234-7320

Fax: Glenn Bailey
(916) 323-4642

If you need additional information, please contact Glenn Bailey at (916) 327-3175. Thank you for your interest in and support of HIV/AIDS service programs.

for Louie Campos, Chief
HIV Community Prevention Section

Enclosure

cc: See next page.

cc: Multicultural Liaison Board Members

Harold Rasmussen, Chief
HIV Education and Prevention Services Branch
Office of AIDS
611 N. 7th Street
P.O. Box 942732
Sacramento, CA 95814

# 2000 HPPC CDC Cooperative Agreement Application Process

In an attempt to be more inclusive of the HPPC in the writing of the CDC Cooperative Agreement the HPPC role in the process has been expanded.

| HPPC Goals & Objectives | HPPC Priority Populations | Strategic Evaluation Plan | Programmatic Goals and Objectives |
|---|---|---|---|
| Steering Committee discussed these at their May 27th Meeting – referred them to co-chairs for updating on 99 progress | Priority Setting has been meeting monthly since 1997 (??) to discuss priority populations . | February 1999 – Strategic Evaluation presents research gap prioritization to HPPC – and is ratified. | |
| Co-chairs met on June 9th to review progress. | Priority Setting presented to HPPC in November 1998 on their prioritization process – was accepted by full HPPC. | March 1999 – Strategic Evaluation Committee gets word that new guidelines from CDC around Strategic Evaluation Plan will be imposed. | |
| June 17th - Steering committee will be sent progress report on 99 Objectives (H+Co) | June 8th – mailing out to all HPPC members (pre-meeting package) on Priority Settings revised BRPs. | April, May, June 1999 – Strategic Evaluation Committee works to develop interim Strategic Evaluation Plan: plans for completing a Comprehensive Strategic Evaluation Plan by April 2000 – and taking into account the prior strategic evaluation plan. | June 17th – Steering committee to brainstorm around most appropriate way to get input into programmatic section of CDC Cooperative Agreement. |
| June 24th - Steering committee will meet to draft 2000 Objectives. | June 17th – HPPC reviews revised BRPs and votes on them. | July 1st – key components of revised plan mailed to HPPC members for their reviews. | |
| July 22nd Final Steering Committee review of objectives | July 8th – HPPC reviews revised subpopulations and votes on them. | July 8th – HPPC reviews revised Strategic Evaluation plan and votes on it. | July 8th – discussion at HPPC meeting as to how to maximize HPPC feedback into Prevention Program section of this document. |
| | August – new BRPs integrated into the CDC Cooperative Agreement Application. | August – Strategic Evaluation Plan is integrated into 2000 CDC Cooperative Agreement Application. | |

August 12th HPPC recieves complete draft of CDC Cooperative Agreement

August 26th – special meeting of CDC Cooperative Agreement Team to discuss application – make recommendations to AIDS Office around amendments and to HPPC around concurrence.

September 12th HPPC meeting HPPC reviews application and discusses concurrence issue.

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# HIV Prevention Planning Council Meeting
## July 8th, 1999
## Mayor's Conference Room at City Hall
## Van Ness at Grove
## San Francisco

Meeting called by Cochairs: Dredge Byung'Chu Kang, Larry Meredith, AToni Young

***All agenda items include time for public comment***

| | | |
|---|---|---|
| 3:00pm | Food, welcome, introductions, announcements | Dredge Byung'chu Kang |
| 3:20pm | Review and approval of minutes from 6/10/99 | Dredge Byung'chu Kang |
| 3:25pm | General Public Comment<br>Consider letter of support – Willi McFarland. ***POSSIBLE VOTE*** | Dredge Byung'chu Kang |
| 3:35pm | New Business/ Council Member Agenda Input | Dredge Byung'chu Kang |
| 3:45pm | Co-chairs Report<br>*Please note that this used to be referred to as the HIV Prevention Directors report and will still include that item but has expanded to include an update on the work ongoing at the steering committee as well. This is in an attempt to keep all members abreast of the work that goes on at the Steering Committee level.* | Dredge Byung Chu Kang, Larry Meredith, A Toni Young |
| 4:00pm | Introduction and Review of the Parking Lot<br>*In the hopes of keeping members up to date on items raised in the New Business Category, the co-chairs have asked Technical Support to track items raised at HPPC meetings by members - and to bring them to steering and ensure that they are addressed in a timely manner. This will be the first of those reports.* | Kristin duBay Horton |
| 4:10pm | The CDC Cooperative Agreement Process<br>*This training will briefly orient both old and new HPPC members on ways to become involved in the CDC Cooperative Agreement process (and the ways in which HPPC members already are involved).* | Tracey Packer, Kristin duBay Horton |
| 4:20pm | Priority Setting Committee Report<br>*Last month the Priority setting committee presented and had approved their revision of the BRPs from twelve populations to eight. Today they will begin their discussion of the subpopulation prioritization process. The results of which will be presented in August. Please take a moment to the enclosed information prior to this presentation.* ***POSSIBLE VOTE*** | Michael Discepola, Jennifer Lorvick |
| 4:45pm | BREAK | |

*-PLEASE TURN PAGE OVER-*

5:00pm Report from Strategic Evaluation — Colin Partridge, Sister Marymae Himm, Mike Bogan

*Strategic Evaluation has been struggling to update the prior Strategic Evalaution Plan to take into account new guidelines being issued by the CDC. A brief outline has been included for you to review prior to the meeting and will be key to your understanding this exciting and interactive presentation.* ***POSSIBLE VOTE***

5:30pm Follow up on the Private Spaces Issue — John Newmeyer

*Recently the Department of Public Health held a meeting with current and former sex club owners and a number of epidemiologists on the question of private spaces. This will give a brief report on that meeting.*

5:40pm Report from the Community Forum — *Process Evaluation* & Sister Marymae Himm

*The subcommittee that organized the HPPC forum has drafted the letter from the HPPC on the issue – this will be reviewed by the council. In addition some feedback gathered by the Process Evaluation team as well as by the subcommittee will be shared.* ***POSSIBLE VOTE***

5:55pm Closure and Evaluation

***Note, all meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.***

**UPCOMING MEETINGS:**

HPPC Meeting: Thursday August 12th, 3pm-6pm, Location TBA
HPPC Meeting: Thursday September 9th, 3pm-6pm, Location TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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# Correlates of Condom Failure in a Sexually Active Cohort of Men Who Have Sex With Men

*Elizabeth Stone, †Patrick Heagerty, ‡Eric Vittinghoff, §John M. Douglas Jr., ‖Beryl A. Koblin, ¶Kenneth H. Mayer, #Connie L. Celum, **Michael Gross, ††George E. Woody, ‡‡Michael Marmor, **§§George R. Seage III, and ‖‖Susan P. Buchbinder

**Permanente Medical Group, Oakland, California; †Fred Hutchinson Cancer Research Center—HIVNET Statistical Center, Seattle, Washington; ‡University of California, San Francisco, California; §Denver Department of Public Health, Denver, Colorado; ‖Laboratory of Epidemiology, The New York Blood Center, New York, New York; ¶Fenway Community Health Center, Boston, Massachusetts; #University of Washington, Seattle, Washington; **Abt Associates, Inc., Cambridge Massachusetts and Bethesda, Maryland; ††University of Pennsylvania and the Philadelphia Veterans Affairs Medical Center, Philadelphia, Pennsylvania; ‡‡New York University Medical Center, New York, New York; §§Boston University School of Public Health, Boston, Massachusetts; and ‖‖San Francisco Department of Public Health, San Francisco, California, U.S.A.*

Summary: Condom failure (slippage or breakage) has been shown to be associated with HIV seroconversion among men who have sex with men (MSM), but predictors of failure have been poorly elucidated. Of 2592 HIV-seronegative MSM participants in the HIV Network for Prevention Trials (HIVNET) multisite Vaccine Preparedness Study who reported condom use for anal sex in the 6 months before enrollment, condom failure was reported by 16.6%, with failure rates of 2.1/100 episodes of condom usage (2.5 failures/100 episodes for receptive anal sex and 1.9/100 episodes for insertive anal sex). In separate multivariate models evaluating predictors of condom failure reported by the insertive and receptive partners, more frequent condom use was associated with a decreased per-condom failure rate and amphetamine and heavy alcohol use with increased rates in both models. Being employed, having private medical insurance, and using lubricants for >80% of anal sex acts were significantly associated with decreased failure rates in the insertive model. Safer sex counseling should particularly target men of lower socioeconomic status, promote proper and consistent use of condoms with appropriate lubricants, and address the impact of drug use, especially amphetamines and alcohol, on condom failure. Key Words: Condoms—Condom failure—Gay—Anal sex—Lubricant—HIV—SES—Amphetamines—Poppers.

Proper and consistent use of condoms remains the most effective method of preventing sexual transmission of HIV. Condom use during anal intercourse has increased substantially among men who have sex with men (MSM) in response to the HIV/AIDS epidemic and to prevention messages (1,2). However, condom failure, including both breakage and slippage, limits the effectiveness of this barrier method. Reported rates of condom failure during anal intercourse are high (3,4). Most important, condom failure has been found to be an independent predictor of HIV seroconversion among high-risk uninfected MSM (5).

Given the association of condom failure with transmission of HIV among MSM, attention should be given to factors affecting condom failure, with a view toward developing appropriate interventions. Limited informa-

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The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

Manuscript received September 9, 1998; accepted January 5, 1999.

tion is currently available about the correlates of condom failure, particularly among MSM. Previous studies have been limited by small sample size (6,7), evaluation of a limited range of predictors (3,4,8), and univariate methods of analysis (4,6) and may no longer provide timely information (3,4,6,8). In this study, a broad range of predictors of condom failure are evaluated in a large, diverse, and contemporaneous cohort of high-risk MSM.

## METHODS

From April to October 1995, 3257 HIV-seronegative men at least 18 years of age who reported any anal intercourse with another man during the previous year were enrolled in the multicity HIV Network for Prevention Trials (HIVNET) Vaccine Preparedness Study (VPS) cohort. The VPS was an 18-month prospective study of HIV seroincidence, HIV risk behaviors, and attitudes toward participation in trials of HIV prevention interventions among MSM, women at heterosexual risk, and injection drug users. MSM were recruited at six of eight domestic study sites: Boston, Chicago, Denver, New York, San Francisco, and Seattle. Recruitment of MSM used various techniques including referrals from previous cohort studies; recruitment at STD clinics, street corners, bars and dance clubs; referrals from study participants and community-based organizations; and advertising. All participants provided written informed consent and the protocol was approved by Institutional Review Boards at the participating institutions.

Participants provided baseline interview data and a blood specimen for HIV antibody testing and received HIV pretest and risk reduction counseling. An interviewer-administered questionnaire assessed risk behaviors in the 6 months before enrollment, including number of episodes of receptive or insertive anal sex, condom use, and condom failure, grouped by partner's HIV serostatus (categorized as HIV positive, negative, or unknown serostatus). Condom failure questions were linked with specific anal sex acts (insertive or receptive), and consisted of two questions per act: How many times (during this act) did a condom break? and How many times (during this act) did a condom slip off?

Lubricant use was assessed as a categoric variable and dichotomized in this analysis as the highest category of use (almost always or always, 81%–100%) or less. Drug use (amphetamines, cocaine, amyl nitrite, hallucinogens, marijuana, sedatives) during the 6 months before enrollment was dichotomized for this analysis as any or none because for most drugs, few men reported frequent use. Alcohol use was dichotomized as heavy (≥4 drinks/day or drinking ≥6 drinks/occasion) or less than heavy use (9). Lifetime alcohol problems were assessed using the CAGE questionnaire (10). Participants were considered to have a history of alcohol problems if they answered positively to two or more of the standard CAGE questions.

Condom failure rates and potential correlates of condom failure were evaluated among men who reported condom use during anal sex with at least one male partner during the 6 months before enrollment. Condom failure was defined as a report of condom breakage or slippage during either receptive or insertive anal sex. Prevalence of at least one episode of failure was calculated for slippage and breakage separately as well as combined, and for episodes in which the respondent was the receptive and insertive partner both separately and combined. Per-condom failure rates were calculated as the percentage of failures among all episodes of anal sex when condoms were used.

Independent risk factors for condom failure were identified using logistic regression in which the number of reported failures was modeled as a binomial outcome, with the number of condoms used as the number of trials. The repeated binary outcomes (failure/no failure) may be correlated within individuals and this dependence must be considered to obtain valid statistical inference. Within person correlation leads to binomial overdispersion (larger between-person variability than assumed by the binomial distribution) which we incorporated using a β-binomial variance model (11) referred to as William's method in the SAS procedure GENMOD (12). We implemented this regression procedure in the statistical package S-PLUS (13). All models controlled for the number of episodes of anal sex in which condoms were used in the prior 6 months. Inclusion of this predictor allows us to model and thus control for "practice effects," marked by lower per-condom risk of failure among men who reported using relatively large numbers of condoms. This is in contrast to logistic models for the risk of at least one failure, which necessarily increases with numbers of condoms used. Final multivariate models were selected using backward elimination starting with demographic variables as potential confounders and risk variables that were found to be associated with condom failure in the bivariate analysis (defined as $p < .10$).

Because the insertive and receptive partners may differentially influence the likelihood of condom failure, predictors of condom failure were evaluated separately for episodes of anal sex in which the respondent took insertive and receptive roles. Most men who used condoms reported both practices and thus were included in both analyses. In supplementary analyses, predictors of breakage and slippage and of multiple failures were also evaluated separately.

## RESULTS

Of 3257 MSM recruited into the VPS, 3091 (95%) reported having had anal sex with a man in the 6 months before enrollment and of these 2592 (84%), reported using condoms for anal sex at least once during this time period. Nearly half the 2592 men included in the analysis were 30 years of age or younger and 25% were men of color (Table 1). Almost half these men were recruited from other cohort studies in which they had previously received regular HIV risk reduction counseling. Other demographic and risk characteristics of this subsample are presented in Table 1.

The 2592 men reported using condoms for a total of 44,704 episodes of anal sex during the 6 months before enrollment; 2147 men reported using condoms in 26,412 episodes of insertive anal sex and 1840 men reported 18,322 episodes of receptive anal sex in which their partners used a condom. At least one condom failure in the previous 6 months was reported by 16.6% of participants, including 11.9% of those using condoms for insertive anal sex, and 12.2% of those reporting receptive sex in which their partner used a condom (Table 2). Overall, 10.7% reported only one failure, 2.3% reported two failures, and 3.6% reported three or more. The number of reported failures in the 6 months before enrollment ranged from 0 to 30 for insertive anal sex, and from 0 to 40 for receptive anal sex. The overall rate of reported failure was 2.1/100 condoms used (95% CI, 1.6–2.8);

TABLE 1. *Demographics and risk behaviors for 6 months prior to enrollment*

| | No. men | % |
|---|---|---|
| Race/ethnicity[a] | | |
| White | 1945 | 75.1 |
| African American | 171 | 6.6 |
| Latino | 324 | 12.5 |
| Other | 150 | 5.8 |
| Age at enrollment | | |
| ≤25 years | 499 | 19.3 |
| 26–35 years | 1269 | 49.0 |
| >35 years | 824 | 31.8 |
| Recruited from previous cohort | 1188 | 45.8 |
| Attended college | 1569 | 60.6 |
| Employed full- or part-time | 2221 | 85.7 |
| Multiple partners | 2227 | 85.9 |
| Lubricant use ≥80% of sex acts | 2060 | 79.5 |
| Known HIV-positive sex partner | 702 | 27.1 |
| Condom use, insertive anal | 2147 | 82.8 |
| Condom use, receptive anal | 1840 | 71.0 |
| Past alcohol problem | 820 | 31.6 |
| Heavy alcohol use | 227 | 8.8 |
| Marijuana use | 1324 | 51.8 |
| Popper use | 821 | 31.7 |
| Hallucinogen use | 403 | 15.5 |
| Cocaine use | 396 | 15.3 |
| Amphetamine use | 306 | 11.8 |
| Injection drug use | 40 | 1.5 |

[a] Race/ethnicity information was unavailable for 2 participants.

2.5/100 condoms for receptive sex (95% CI, 1.7–3.5), and 1.9/100 condoms for insertive sex (95% CI, 1.5–2.5). These differences in rates were not statistically significant.

The percentage of men who reported any condom breakage was not different from the percentage who reported condom slippage (Table 2). Figure 1 shows the rates of receptive and insertive condom failure stratified by the number of times condoms were used. Men who reported using condoms only once or twice reported more failures per condom used than more frequent users.

In preliminary analyses controlling only for the number of episodes in which condoms were used, several variables were significantly associated with increased per-condom risk of failure during insertive anal sex, including Hispanic ethnicity, being unemployed, not having attended college, and using lubricants for ≤80% of sex acts (Table 3). Having private medical insurance was associated with a lower per-condom risk of failure in the receptive model. Men who reported any use of amphetamines or heavy alcohol use during the previous 6 months were at higher risk in both the insertive and receptive models, and men with a history of alcohol problems were at greater risk in the insertive model. No other sexual or drug use variables were associated with condom failure in either insertive or receptive anal sex models.

In separate multivariate models for condom failure associated with insertive and receptive anal sex, controlling for city of recruitment, more frequent condom use was associated with a decreased per-condom failure rate and amphetamine and heavy alcohol use with an increased rate of failure (Table 4). Being employed, having private medical insurance, and using lubricants consistently for anal sex was associated with a lower per-condom failure rate in the insertive model only. Neither city of recruitment nor any other factors was independently associated with insertive or receptive condom failure. In models for breakage and slippage considered separately, no qualitatively different results were found, although the CI were larger.

Although the overall proportion of men experiencing more than one instance of condom failure in the prior 6 months was small (6%), some reported numerous episodes of failure. Evaluated separately, factors associated with multiple episodes of failure were no different than those shown to be independent predictors of a single episode of condom failure (data not shown).

## DISCUSSION

Previous studies have shown that during the 1980s, condom failure was commonly reported by MSM, with between 11% and 31% of men reporting failures for insertive or receptive anal sex (6,8,14). Estimates of condom breakage rates among MSM in the 1980s ranged from 1.9 to 7.3/100 condoms used and slippage rates of 1.6% to 3.1%, with overall failure rates (including breakage or slippage) of between 3% and 8% (3,4,6,14). We are not aware of any large studies of prevalence and predictors of condom failure in MSM in more recent years.

Our condom failure rate of 2.1% was somewhat lower than that reported in these earlier studies. Practice, condom education, and HIV prevention messages may have improved condom use techniques among MSM in more recent years. More consistent lubricant use, improved condom quality, and unmeasured differences between cohorts could also have contributed to lower failure rates

TABLE 2. *Prevalence and rates of condom failure among men using condoms during anal sex*

| | Any anal sex | | Insertive anal sex | | Receptive anal sex | |
|---|---|---|---|---|---|---|
| | %[a] | rate[b] | %[a] | rate[b] | %[a] | rate[b] |
| Any failure | 16.6 | 2.1 | 11.9 | 1.9 | 12.2 | 2.5 |
| Breakage | 10.7 | 1.1 | 7.6 | 1.1 | 7.4 | 1.2 |
| Slippage | 8.3 | 1.0 | 5.7 | 0.8 | 6.5 | 1.3 |

[a] Percentage of men engaging in that activity who reported failure.
[b] Per 100 condoms used.

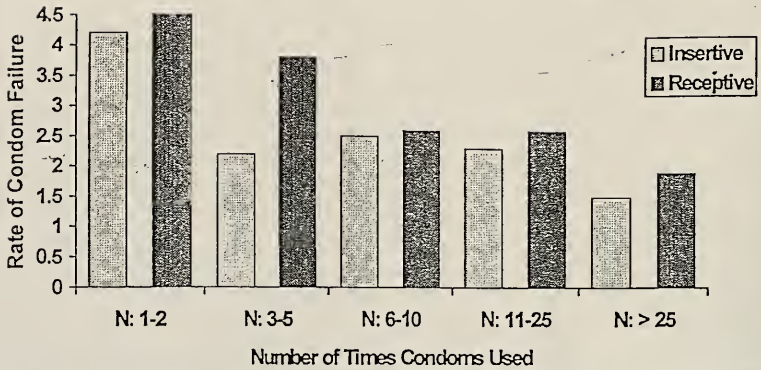


FIG. 1. Rates of receptive and insertive condom failure, stratified by the number of times condoms were used for anal sex in the past 6 months.

in our study. In addition, several of the earlier cohort studies included HIV-infected MSM (3,4,14), whereas our study was limited to HIV-uninfected men. Because of the previously reported association of condom failure with HIV seroconversion (5), it is possible that cohorts of HIV-uninfected men may have lower failure rates than those including HIV-infected MSM.

Several large studies of condom failure among heterosexual men and women suggest that failure rates may be somewhat, but not dramatically, lower in vaginal sex, with breakage rates between 1.9% and 3.4% and slippage rates between 1.1% and 2.0% (15,16). Failure rates as low as 1% to 1.5% have been reported in controlled studies of monogamous heterosexual couples (17–19), although it is unlikely that these low rates are replicated in actual practice. Lower friction in vaginal as compared with anal sex may contribute to this differential (7,20); not surprisingly, condoms meeting standards for anal use have lower failure rates in anal sex than condoms designed primarily for vaginal use (4,21). This argues for further development and promotion of stronger condoms designed for anal use.

We created separate models to evaluate predictors of condom failure reported by the insertive and receptive partner because each partner may contribute in a different way to condom failure. Infrequent condom use, amphetamine use, and heavy alcohol use were associated with failure in both models. Demographic variables and lubricant use were significant only in the insertive model, although point estimates in the univariate receptive model were similar. This increased statistical power in the insertive model may reflect clearer perception by the insertive partner of when condoms fail, as well as his greater influence on the likelihood of this result.

Our finding of an association between more frequent condom use and lower failure rates is supported by other studies suggesting that inexperience (7,16,21,22) and infrequent use (8,15) are associated with condom failure. This may provide an additional rationale for public health messages encouraging consistent condom use. Furthermore, infrequent users may be more likely to use condoms that are too old, a variable that has been found to be a strong predictor of failure in controlled trials (23–25). Finally, it is possible that persons who experience condom failure may be less likely to use condoms, thus resulting in an association between infrequent use and failure. Prevention education efforts may need to be directed at men who have experienced condom failure and men who use condoms inconsistently and should emphasize the importance of using new condoms. Demonstrations for infrequent users unskilled in condom techniques may also be of benefit.

The relationship of drug use and condom failure has not previously been examined in depth. We found no published studies that evaluated the association of drug use with condom failure and found only one qualitative study in drug users that suggested that drug use may have an effect on condom failure (26). In our study, situational data linking specific episodes of condom failure to drug use were not collected, but despite the resulting weaker link between our drug use variables and condom failure, amphetamine and heavy alcohol users were found to be at significantly increased per-condom risk of failure. Several mechanisms can be postulated to apply to the insertive partner; such mechanisms may also apply when drug use is reported by the receptive partner because of shared drug use. Amphetamines reportedly increase libido and psychomotor activity but delay ejaculation (27),

TABLE 3. *Bivoriate results: Insertive and receptive failures, controlling for number of times condoms used*

| Variable | Insertive failures | | | Receptive failures | | |
|---|---|---|---|---|---|---|
| | Number | OR | 95% CI | Number | OR | 95% CI |
| Race/ethnicity | | | | | | |
| White, not Hispanic | 1614 | 1.0 | | 1401 | 1.00 | |
| Black, not Hispanic | 149 | 1.63 | 0.97, 2.73 | 92 | 1.56 | 0.84, 2.92 |
| Hispanic | 267 | 1.68 | 1.11, 2.54 | 240 | 1.33 | 0.79, 2.24 |
| Other | 116 | 1.64 | 0.77, 3.46 | 106 | 1.28 | 0.70, 2.35 |
| Employment | | | | | | |
| unemployed | 301 | 1.0 | | 247 | 1.0 | |
| employed | 1845 | 0.56 | 0.38, 0.83 | 1592 | 0.69 | 0.43, 1.09 |
| Education | | | | | | |
| No college | 846 | 1.0 | | 713 | 1.00 | |
| College | 1301 | 0.65 | 0.48, 0.89 | 1127 | 0.75 | 0.54, 1.05 |
| Private insurance | | | | | | |
| No | 661 | 1.0 | | 561 | 1.0 | |
| Yes | 1482 | 0.96 | 0.69, 1.33 | 1275 | 0.70 | 0.49, 0.99 |
| Age (y) | | | | | | |
| ≤25 | 410 | 1.0 | | 397 | 1.00 | |
| 26–35 | 1058 | 0.66 | 0.44, 1.00 | 937 | 0.70 | 0.47, 1.03 |
| >35 | 679 | 0.91 | 0.60, 1.37 | 506 | 0.90 | 0.58, 1.39 |
| Number of partners | | | | | | |
| 1 | 282 | 1.0 | | 263 | 1.00 | |
| >1 | 1865 | 1.61 | 0.99, 2.60 | 1577 | 1.38 | 0.85, 2.25 |
| Used lubricants | | | | | | |
| ≤80% of sex acts | 429 | 1.0 | | 328 | 1.00 | |
| >80% of sex acts | 1717 | 0.61 | 0.43, 0.87 | 1511 | 0.71 | 0.48, 1.05 |
| Amphetamine use | | | | | | |
| None | 1883 | 1.00 | | 1608 | 1.00 | |
| Any | 263 | 1.79 | 1.17, 2.73 | 232 | 1.96 | 1.31, 2.93 |
| Cocaine use | | | | | | |
| None | 1813 | 1.00 | | 1545 | 1.00 | |
| Any | 333 | 1.24 | 0.86, 1.80 | 295 | 1.40 | 0.93, 2.11 |
| Amyl nitrite use | | | | | | |
| None | 1450 | 1.00 | | 1230 | 1.00 | |
| Any | 696 | 1.05 | 0.76, 1.43 | 610 | 1.35 | 0.96, 1.91 |
| Past alcohol problem | | | | | | |
| No | 1466 | 1.00 | | 1258 | 1.00 | |
| Yes | 675 | 1.46 | 1.05, 2.03 | 578 | 1.24 | 0.87, 1.79 |
| Current alcohol use | | | | | | |
| No heavy use | 1951 | 1.00 | | 1674 | 1.00 | |
| Heavy use | 193 | 1.91 | 1.23, 2.99 | 166 | 1.85 | 1.15, 2.98 |

OR, odds ratio; CI, confidence interval.

which may prolong intercourse or lead to more vigorous thrusting, increasing risk of condom failure. Alcohol use may lead either to premature or delayed ejaculation (28) and therefore increase the risk of slippage or breakage, respectively. Intoxication with either substance may be associated with poor condom use technique, resulting in breakage or slippage. Education and prevention messages must continue to emphasize the dangers of substance use in conjunction with sexual activity, with specific education about the possible risks associated with amphetamine and alcohol use. Future studies of condom failure should assess drug use and specifically assess the temporal and functional relationship between drug use and failure.

One early study in MSM suggested that water-based lubricant use was associated with a decreased risk of condom failure (3), but studies in heterosexual couples have suggested both an increased and a decreased risk of breakage or slippage when lubricants are used for vaginal sex (24,29–31). In this study, men who reported using lubricants in more than 80% of sexual episodes were at significantly lower per-condom risk in insertive anal sex. This suggests that the importance of proper lubricant use for anal sex should be an integral component of condom usage education, including reminders that oil-based lubricants degrade latex condoms and may increase the risk of condom breakage (24,32). Additionally, where condoms are provided free of charge in support of safer sex, water-based lubricants should also be provided.

Condom failure rates were higher among unemployed men and men without private insurance in the insertive

TABLE 4. *Multivariate results, controlling for city*

| Insertive Failure | | | Receptive Failure | | |
|---|---|---|---|---|---|
| Variable | $OR_{adj}$ | 95% CI | Variable | $OR_{adj}$ | 95% CI |
| Times used condoms | | | Times used condoms | | |
| 3–5 | 0.51 | 0.31, 0.84 | ≥6 | 0.64 | 0.46, 0.90 |
| 6–10 | 0.58 | 0.37, 0.90 | Race | | |
| 11–25 | 0.59 | 0.36, 0.97 | Hispanic | 1.26 | 0.74, 2.13 |
| >25 | 0.33 | 0.21, 0.53 | Black, not Hispanic | 1.66 | 0.87, 3.19 |
| Race | | | Other nonwhite | 1.12 | 0.60, 2.07 |
| Hispanic | 1.46 | 0.96, 2.21 | Any amphetamine | 1.73 | 1.15, 2.61 |
| Black, not Hispanic | 1.47 | 0.88, 2.49 | Heavy alcohol use | 1.65 | 1.06, 2.71 |
| Other nonwhite | 1.22 | 0.60, 2.47 | | | |
| Employed | 0.59 | 0.39, 0.88 | | | |
| Any college | 0.75 | 0.54, 1.05 | | | |
| Private insurance | 0.69 | 0.48, 0.99 | | | |
| Any amphetamines | 1.56 | 1.03, 2.35 | | | |
| Heavy alcohol use | 1.68 | 1.08, 2.61 | | | |
| Lubricant use >80% | 0.69 | 0.49, 0.97 | | | |

$OR_{adj}$, adjusted odds ratio; CI, confidence interval.

model in our study; other demographic variables (race/ethnicity, education) were not independently associated with condom failure in this model. Studies of heterosexual men have suggested that men with lower income (15,22) and educational levels (23) and black and Hispanic men (15) are more likely to report condom failures than those with higher incomes or educational level or white men. It is possible that these variables identify persons who are less likely to have received appropriate condom education, a variable that has been associated with decreased failure rates (16). Special effort should be devoted to targeting MSM of lower socioeconomic status for condom education and provision of new condoms and lubricant.

Our study has several limitations. Condom failure was assessed by self-report. Episodes in which condoms both broke and slipped off could have been counted as two separate events. Our study specifically recruited high-risk seronegative MSM and thus may not reflect lower risk seronegative MSM or HIV-infected MSM.

Although condom promotion is a central component of most HIV prevention campaigns, condom failure rates are higher than may be generally appreciated. Infrequent use of condoms, inconsistent use of lubricants, and amphetamine and heavy alcohol use were found to be important independent predictors of condom failure in MSM in this study. Until better methods of prevention are available, HIV prevention education must emphasize not just the necessity of using condoms, but also how to use them properly, and safer sex counseling must address the impact of drug use on condom failure.

**Acknowledgments:** This work was supported by the HIV Network for Prevention Trials (HIVNET), sponsored by the National Institute of Allergy and Infectious Diseases, National Institute of Health, Department of Health and Human Services, through contract N01-A1-35176 with Abt Associates Inc., contract N01-A1-45200 with Fred Hutchinson Cancer Research Center and subcontracts with Denver Department of Public Health, Fenway Community Health Center, Howard Brown Health Center, New York Blood Center, Public Health Foundation, Inc., San Francisco Department of Public Health, and University of Washington. We acknowledge the site coordinators and staff at the HIVNET sites for their significant contributions to the design and implementation of this study and the substantial contributions made by the participants in this study.

## REFERENCES

1. van Griensven GJP, Samuel MC, Winkelstein W. The success and failure of condom use by homosexual men in San Francisco [letter]. *J Acquir Immune Defic Syndr* 1993;6:430–1.
2. Peterson JL, Coates TJ, Catania JA, Middleton L, Hilliard B, Hearst N. High-risk sexual behavior and condom use among gay and bisexual African-American men. *Am J Publ Health* 1992;82: 1490–4.
3. deWit JBF, Sandfort M, de Vroome EMM, van Griensven GJP, Kok GJ. The effectiveness of condom use among homosexual men [letter]. *AIDS* 1993;7:751–2.
4. van Griensven GJP, de Vroome EMM, Tielman RAP, Coutinho RA. Failure rate of condoms during anogenital intercourse in homosexual men. *Genitourin Med* 1988;64:344–6.
5. Buchbinder SP, Douglas JM, McKirnan DJ, Judson FN, Katz MH, MacQueen KM. Feasibility of human immunodeficiency virus vaccine trials in homosexual men in the United States: risk behavior, seroincidence, and willingness to participate. *J Infect Dis* 1996; 174:954–61.
6. Golombok S, Sketchley J, Rust J. Condom failure among homosexual men. *J Acquir Immune Defic Syndr* 1989;2:404–9.
7. Richters J, Gerofi J, Donovan B. Why do condoms break or slip off in use? An exploratory study. *Int J STD AIDS* 1995;6:11–8.
8. Thompson JLP, Yager TJ, Martin JL. Estimated condom failure and frequency of condom use among gay men. *Am J Public Health* 1993;83:1409–13.
9. Woody GE, Donnell D, Seage GR III, et al. Non-injection sub-

stance use correlates with risky sex among men having sex with men: data from HIVNET. *Drug and Alcohol Depend* 1999;53: 197–205.
10. Ewing JA. Detecting alcoholism. The Cage questionnaire. *JAMA* 1984;252:1905–7.
11. McCullagh P, Nelder JA. *Generalized linear models.* New York: Chapman & Hall, 1989:124–8.
12. SAS/STAT software. *Changes and enhancements through release 6.12.* Cary, NC: SAS Institute, 1997.
13. *S-PLUS,* Version 3.4. Cambridge, MA: Mathsoft, 1996.
14. Tindall B, Swanson C, Donovan B, Cooper DA. Sexual practices and condom usage in a cohort of homosexual men in relation to human immunodeficiency virus status. *Med J Aust* 1989;151:318–22.
15. Grady WR, Tanfer K. Condom breakage and slippage among men in the United States. *Fam Plann Perspect* 1994;26:107–12.
16. Messiah A, Dart T, Spencer BE, Warszawski J, et al. Condom breakage and slippage during heterosexual intercourse: a French national survey. *Am J Publ Health* 1997;87:421–4.
17. Trussell J, Warner DL, Hatcher R. Condom performance during vaginal intercourse: comparison of Trojan-Enz and Tactylon condoms. *Controception* 1992;45:11–19.
18. Boldsen JL, Jeune B, Madsen PC. Aspects of comfort and safety of condoms. A study of two thousand intercourses among volunteer couples. *Scand J Soc Med* 1992;20:247–52.
19. Rosenberg MJ, Waugh MS. Latex condoms breakage and slippage in a controlled clinical trial. *Controception* 1997;56:17–21.
20. Silvernan BG, Gross TP. Use and effectiveness of condoms during anal intercourse. A review. *Sex Transm Dis* 1997;24:11–7.
21. Benton KW, Jolley D, Smith AM, Gerofi J, Moodie R. An actual use comparison of condoms meeting Australian and Swiss standards: results of a double-blind crossover trial. *Intl J STD AIDS* 1997;8:427–31.
22. Lindberg LD, Sonenstein FL, Ku L, Levine G. Young men's experience with condom breakage. *Fam Plann Perspect* 1997;29: 128–31.
23. Steiner M, Piedrahita C, Glover L, Joanis C. Can condom users likely to experience condom failure be identified? *Fam Plann Perspect* 1993:25:220–3,226.
24. Steiner M, Piedrahita C, Glover L, Joanis C, Spruyt A. Foldesy R. The impact of lubricants on latex condoms during vaginal intercourse. *Int J STD AIDS* 1994;5:29–36.
25. Steiner M, Foldesy R, Cole D, Carter E. Study to determine the correlation between condom breakage in human use and laboratory results. *Contraception* 1992;46:279–88.
26. Quirk A, Rodes T, Stimson GV. Unsafe protected sex: qualitative insights on measures of sexual risk. *Aids Care* 1998;10:105–14.
27. Kall Kl. Effects of amphetamine on sexual behavior of male IV drug users in Stockholm—A pilot study. *AIDS Educ Prev* 1992; 4:6–17.
28. O'Farrell TJ, Choquette KA, Cutter HS. Birchler GR. Sexual satisfaction and dysfunction in marriages of male alcoholics: comparison with nonalcoholic maritally conflicted or nonconflicted couples. *J Stud Alcohol* 1997;58:91–9.
29. Sparrow MJ, Lavill K. Breakage and slippage of condoms in family planning clients. *Contraception* 1994;50:117–29.
30. Gabbay M, Gibbs A. Does additional lubrication reduce condom failure? *Contraception* 1996;53:155–8.
31. Trussell J, Warner DL, Hatcher RA. Condom slippage and breakage rates. *Fam Plann Perspect* 1992;24:20–3.
32. Voeller B, Coulson AH, Bernstein GS, Nakamura RM. Mineral oil lubricants cause rapid deterioration of latex condoms. *Contraception* 1989;39:95–102.

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SAN FRANCISCO

WILLIE LEWIS BROWN, JR.

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June 29, 1999

Dear Colleague:

I am very pleased to invite you to a field hearing of the Senate Appropriations Committee to be held on Friday, July 9th from 10:00 – 11:30 AM in City Hall, located at 1 Dr. Carlton B. Goodlett Place in San Francisco.

The hearing will focus specifically on funding for HIV/AIDS programs in the FY 2000 budget, and is chaired by Senator Arlen Specter (R-PA), the Chairman of the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. Also slated to attend are Senators Tom Harkin (D-IA), Dianne Feinstein (D-CA) and Barbara Boxer (D-CA). Witnesses testifying before the committee include Mayor Willie Brown and researcher Dr. Anthony Fauci.

With the passage of the Balanced Budget Act, federal appropriations have become increasingly complex. Resources are scarce and if budget caps remain in place, severe cuts in important programs may occur. If federal funding for HIV/AIDS services is not increased to meet community needs, San Francisco faces the very real possibility that our system of care may be destabilized. Ensuring that funding for HIV/AIDS is sufficient to meet the needs of persons living with HIV disease remains a top priority for San Francisco and your attendance at this important hearing will help us accomplish this goal.

Space at the hearing will be limited, and the courtesy of an RSVP is appreciated. Please return the attached form by fax to confirm your attendance. If you have any questions, please feel free to contact me directly at (415) 554-5101.

I look forward to seeing you next Friday.

Sincerely,

Bill Barnes

BILL BARNES
Advisor to the Mayor on AIDS & HIV Policy

MAYOR'S OFFICE OF AIDS & HIV POLICY
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**ANNOUNCEMENTS:**

This is the first Co-Chairs Report that will be provided to the Council on a monthly basis. The purpose of this report is to keep Council members informed of the ongoing work of both the Steering Committee and the Co-Chairs. The HIV Prevention Director's Report will continue to be provided to the Council and will be presented at meetings during the Co-Chairs Report.

- Best of Luck to Tracey Packer, who will be leaving the office, as soon as labor begins, for her maternity leave. Tracey will be sorely missed but the co-chairs and the council join together in wishing her luck as a mom of both a rambunctious two-year old and a newborn. We look forward to Tracey's return in a couple of months, laden with photos of the newest Packer.

**THE CDC COOPERATIVE AGREEMENT:**

- Harder+Company Community Research has contracted with the HIV Prevention Section to write the CDC Cooperative Agreement. The first draft of the application will be made available to the Council on Thursday, August 12th. A special meeting will be held on Thursday, August 26th for Council members to provide feedback on the first draft of the application. More information on this will be provided later in the meeting.

**STEERING COMMITTEE:**

- The Steering Committee will be suggesting a change to by-laws regarding letters of support for CBO's applying for various sources of prevention funding following multiple last minute requests over the past couple of weeks. The Steering Committee feels that agencies should provide more information to the Council in the form of an executive summary of the application itself. The focus on providing a letter of support should be on whether or not the planned program concurs with the HIV Prevention Plan developed by the Council, and should not be an evaluation of the agency or the application itself.
- The Steering Committee is working on a Strategic Plan through 2001 that will detail the many activities that Council will undertake over the next year. The purpose of this plan is to assist the Council in prioritizing work as it arises through the year. The Strategic calendar will allow Council members to decide where and how special projects and presentations will be integrated into the ongoing work and priorities of the Council.
- The Steering Committee is continuing to work on revising the by-laws. Technical support will provide a revised by-law document to the Steering Committee in August, which will incorporate the work done by last year's Governance Task Force. Key items being addressed include: membership categories, attendance policy, whether or not members must participate on a committee, and leaves of absence. Full changes to the by-laws is expected to be completed by December though the most basic changes,

which are needed to keep the HPPC running, will be presented to the full HPPC along with an update in August.

- The Steering Committee is working to address a number of "process" issues related to the council including: respectful rules of engagement for all council meetings, the use of a facilitator to help manage meetings, and the evenhanded management of attendance and other policies of the HPPC.
- A new tool for the HPPC has been created to help track items which members asked to have placed on a future agenda. This tool, known as a Parking Lot, will be introduced at today's meeting, and used for the next year as a pilot. If it works well it will be continued. This is another of the ways that the steering committee and co-chairs are seeking to improve the HPPC process, and ensure that nothing falls through the cracks.

**MEMBERSHIP:**

- The selection committee has met and eight new members have been selected to join the Council beginning in August. A new member orientation is being planned for August 12th, prior to the full Council meeting.

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# Forgery tied to bathhouse issue

## Letter claims AIDS, STDs are not a threat in San Francisco

by Rhonda Smith

A public health official in San Francisco this month accused an ACT UP chapter there of forging a letter, recently sent to an official at the U.S. Centers for Disease Control and Prevention, to falsely report that AIDS and sexually transmitted diseases were no longer threats in that city.

Robert Kohn, senior epidemiologist in the San Francisco health department's Division of STD Control, said he believes the falsified letter was an effort by the AIDS protest group ACT UP! San Francisco to sway public opinion about whether bathhouses in that city should be reopened. The San Francisco health department closed the bathhouses in 1984, stating that they were a threat to public safety, but the issue has recently become a topic of controversy again in that city.

The two-page letter, dated May 11, appears to be printed on official stationery used by the city and county of San Francisco's Department of Public Health.

The *Blade* received a copy in Washington, D.C., on May 21 that carried a postage stamp and appeared to be postmarked from San Francisco on either May 10 or May 19 (the post office mark was not completely legible).

The alleged signer of the letter is Dr. Mitchell Katz, the department's openly Gay health director. Katz said he learned about the letter when editors at the *San Francisco Chronicle* called him about it because, he said, they suspected it was a forgery.

Kohn said he had given ACT UP! San Francisco some of the statistics that appeared in the letter.

"ACT UP started calling me, and I gave them these statistics," Kohn said, referring to some accurate information which he said the forged letter contains. "Then they started trying to refute the argument that there's a public health problem."

The letter does not mention the bathhouse controversy, and ACT UP members in San Francisco said they did not write the letter but that they agree with its contents.

"I am happy to report more encouraging news that shows a continuation in the dramatic annual decreases in AIDS and all sexually transmitted diseases (STDs)," the letter states.

It also notes that "San Francisco is presently experiencing the lowest STD rates since reporting began in 1955."

ACT UP! San Francisco is leading an effort to collect signatures on a petition to have the bathhouse issue put before voters in November 1999. The ballot initiative proposed by the grassroots coalition seeks to repeal health department rules that ban private rooms in Gay sex clubs and that require club staff members to ensure that no one is engaging in unsafe sex.

by Clint Steib

**The forged letter was addressed to Dr. Helene Gayle, director of the CDC's National Center for HIV, STD, and TB Prevention.**

Proponents of the initiative must gather 10,200 valid signatures on the petition by July 6 to have it qualify for the November 1999 ballot.

"I had nothing to do with that letter," said Dave Pasquarelli, a member of ACT UP! San Francisco since 1994. "But I'm glad to see it happen, to be honest."

The forged letter is addressed to Dr. Helene Gayle, director of the CDC's National Center for HIV, STD, and TB Prevention in Atlanta.

A staff member in Gayle's office said Gayle has been in Africa for several weeks and has not seen the forged letter yet.

After learning about the letter, Katz wrote a letter to Gayle on May 13 in which he clarified information about the rates of AIDS and sexually transmitted diseases in San Francisco.

"I am writing to notify you that the correspondence dated May 11, 1999, was not issued from my office," Katz wrote. "The existence of this letter was just brought to my attention by editors of the *San*

(OVER)

*Francisco Chronicle* newspaper, who received a copy and correctly suspected the forgery."

A spokesperson for Katz told the *Blade* that he was not planning to take legal action against the author of the letter because he does not know who created it.

In his May 13 letter to Gayle, Katz also said that, even though the incidence of AIDS cases and the number of AIDS deaths in San Francisco peaked in 1992 and have been declining steadily since then, "there remains much to do."

Katz noted that health officials estimate there are still about 500 new HIV infections each year in San Francisco.

In his letter to Gayle, Katz noted that community surveys also indicate an increase in unsafe sexual behavior among Gay and bisexual men.

Gustavo Suarez, spokesperson for the San Francisco AIDS Foundation, said the Foundation's position on the issue is that it is concerned about *behavior* and not with whether a given venue exists or not.

Erick Brown, director of prevention at New Village, an HIV prevention and education project of the San Francisco-based Black Coalition on AIDS, said his organization has not taken a stance on the bathhouse issue and has no plans to do so.

"Our stake in this is not as high as it is in other parts of the community," he said.

But Brown said that forging a letter to shape a political debate could be detrimental to the entire Gay community.

"It takes away some of the community's credibility," he said, "even if we don't know who did it."

James Nguyen, a spokesperson for the Stop AIDS Project in San Francisco, said that organization has not publicly stated its position on the bathhouse issue yet.

"Our hope is to continue the discussion among community members," he said, "because it's a hot issue and many people have different feelings."

Suarez said a forged letter, similar to the one at the San Francisco health department, was circulated about the San Francisco AIDS Foundation on April 5. It contained the name of Pat Christen, the executive director of the San Francisco AIDS Foundation, and a series of claims about changes at the foundation. Like Katz, Christen did not take legal action but wrote a letter clarifying incorrect information contained in the forged letter.▼

# Barebacking hysteria thwarted

by Jeff Epperly

A funny thing happened on the way to the "wave of unsafe sex amongst gay men" that has enthralled much of the gay and straight media in their quest to paint gay men as suicidal, self-loathing maniacs out to blithely infect themselves and the rest of the world: Almost none of it appears to be true.

Dubbed by its devotees as "barebacking," the practice of men having unsafe anal sex with other men has been portrayed by uninformed heterosexual reporters and hysterical homosexual columnists as rampant amongst gay men—long after evidence has suggested otherwise. The chief transgressor in this bombastic field has been Michelangelo Signorile, the former Out magazine columnist who now writes for the New York Observer. Signorile was correct when he broached the topic in the beginning, long before anyone else was willing to talk about it. But it's also fair to say that Signorile, who never lets go of a controversial topic once he knows it will garner him some ink, has beat the barebacking issue into the ground, rarely passing an opportunity to telescope his disgust with those filthy, vile gay men who have little regard for the well-being of others.

The problem with Signorile and others like him has been that they continue to vastly overstate their case. Rectal gonorrhea rates amongst men who have sex with men, a fast and sure indicator of unsafe anal sex between gay and bisexual men, are not exploding with the intensity that Signorile's rhetorie suggests. In HIV epicenters such as New York and San Francisco, the rates of new HIV seroconversions, while still not where HIV educators would like them to be, are certainly not alarming overall nor producing the as-yet mythical "second wave" of the epidemic.

Nevertheless, newspapers from the New York Times to the Washington Post have splashed large articles about barebacking across their pages, thereby providing fuel to a right wing that would love to aim at us the double whammy of cutting AIDS funding while being able to portray AIDS and HIV as our own doing. Even Robin Tyler, the producer of next year's Millennium March, got into the act, saying in an Advocate interview that she and other women like her were not going to be able to muster the compassion for gay men during the "second wave" epidemic that they exhibited the first time around.

Now a survey of 7,000 gay men who have sex with men, conducted by New York's Gay Men's Health Crisis (GMHC), only throws more water on the inferno that Signorile and others are trying to stoke. It turns out that even just a considerable minority of gay men are probably not throwing HIV precautions to the wind. In fact, most of them are practicing what's now known as "harm reduction" — that is, weighing their HIV risks with various partners and in various situations and acting accordingly.

This is a far cry from the unrealistic "Just Say No" tactics that have driven the anti-HIV messages of the past. Instead of acting as if they will never again exchange bodily fluids with each other — which was never true anyway — gay men are doing what they have done since the epidemic began: Deciding which bodily fluids to exchange with unique partners, and in what permutations of the active and passive roles of anal and oral sex. (Although some are certainly deciding to always be safe.)

Many HIV-positive men are deciding to have unsafe anal and oral sex with other men who they know also to be positive. HIV-negative men are allowing partners who they know to be HIV-negative to ejaculate inside of them. If they know someone to be HIV-positive or are not sure, they mostly will either have safe sex or will be the active partner in unsafe anal or oral sex — that is, not allow someone to boink them without a condom.

These are admittedly imperfect calculations. There are other nasty diseases out there. People can make incorrect assumptions about a potential partner's HIV status. People can lie. HIV-positive men can transmit drug-resistant HIV strains to one another. Oral sex has not been proven to be without risk for HIV transmission. Anal sex tops can, under the right condomless circumstances, become infected. But these activities are a far cry from countless uncaring gay men running around infecting one another. And these risk reduction guidelines appear to be working for many.

There are some troubling trends that need to be examined. Younger gay men appear less likely (though not unlikely) to think clearly about risk reduction, especially when having sex with other young men. Men of color need to have more education targeted toward them. And all of us should support the continued funding of explicit, realistic anti-HIV education programs.

But the message is clearly that most gay and bisexual men are listening and acting accordingly, and they are not sexual monsters. Instead of expecting unrealistically for gay and bisexual men to completely stop having all sex they find fulfilling — something that straight people have never come remotely close to doing in the long, dark history of venereal diseases — we should try to understand and encourage the things they are doing correctly. ▼

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# HPPC Strategic Plan through 2001

| | | Jan-99 | Feb-99 | Mar-99 | Apr-99 | May-99 | Jun-99 | Jul-99 | Aug-99 | Sep-99 | Oct-99 | Nov-99 | Dec-99 | Jan-00 | Feb-00 | Mar-00 | Apr-00 | May-00 | Jun-00 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Steering | BYLAWS - | | | X | X | X | X | X | Report | X | X | X | Complete | | | | | | |
| | CDC Coop Objectives | | | | | X | X | X | | | | | | | | | | X | X |
| | Strategic Planning | | | | X | | | | | | | | | | X | X | X | | |
| | | | | | | | | | | | | | | | | | | | |
| Strategic Eval | Revise plan | | | X | X | X | X | To HPPC | | | | | | | | | | | |
| | Comp Rev Plan | | | | | | | | X | X | X | X | X | X | X | X | To HPPC | | |
| | Resource Inv | | | | | | | | X | X | | | | | | | | | |
| | New HPPC eval | | | | | | Pilot | X | X | To CDC | Revise | | | | | | | | Administe |
| | | | | | | | | | | | | | | | | | | | |
| Outreach | Neweletter | | | | | | X | | | X | | | X | | | X | | | X |
| | Cmty Forum | | | | | | Planning | X | X | Publicity | Forum held | | | | | | | | |
| | Tabling | | | | | Bridge the | PRIDE | | | | | | | | | | | | |
| | Website | X | X | X | X | X | X | To HPPC | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Membership | Recruitment | X | X | X | X | X | Selection | | | | | | | | | | | | |
| | Training | | | | | | X | X | X | | | | | | | | | | |
| | Retreat | X | X | X | X | To HPPC | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Priority Setting | Revise BRPs | X | X | X | X | X | To HPPC | | | | | | | | | | | | |
| Priortiy Setting | Subpops | | X | X | X | X | X | To HPPC | | | | | | | | | | | |
| Priority Setting | Develop RFP guidelines | | | | | | | | X | X | X | X | X | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| HPPC | CDC Coop | | | | | | Priority S | Strategic | Review A | Concurrence Discussion | | | | | | | | | |
| HPPC | Rewrite Plan | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| HPPC | Cultural Comp Trng | | | | | | | | Planning | X | X | X | To HPPC | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| AIDS Office | RFP issued | | | | | | | | | | | | | | | | | | |

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**HIV Prevention Director's Report**
**to the HIV Prevention Planning Council**
**July 8, 1999**

**DuPont Funding Update**: DuPont Pharmaceuticals has pledged $1 million to San Francisco over four years towards an HIV prevention project. The Mayor has stated that if an additional $3 million can be raised from private sources, he will fight for $1 million in the City budget to match DuPont's pledge. The Mayor has appointed Tom Coates, Director of the AIDS Research Institute and Herminia Palacio, Policy Director of the SFDPH, and Sean Sasser, Health Initiatives for Youth, to chair an advisory body that will plan and implement the project. The advisory board will include others including representatives from the HIV Prevention Planning Council. The Mayor's Office will be accepting applications from community representatives. Anyone interested is requested to submit a resume to the Mayor's Office.

**Primary Prevention for HIV Positive Individuals Demonstration Project**: The CAB for the project has been recruited and the group will begin meeting this week to review data, plan focus groups with HIV positive individuals, and develop recommendations for interventions. Mike Shriver, Co-Director of the AIDS Policy Research Center has agreed to provide technical consultation to the CAB. Community Health Studies Group will provide process evaluation. The CAB is a sub-group of the HPPC and will therefore make regular reports to the Council on its progress. San Francisco is eligible to apply for additional funding for this project. This will be discussed today under the Priority Setting Committee's report.

**Interventions for Speed Users/Speed Intervention Evaluation Study**: Due to lack of response to the Alternative Solicitation for these services, the Speed Working Group met to discuss strategies to ensure that these services are implemented as soon as possible. The Speed Working Group includes providers and DPH staff who were brought together to help formulate focus group questions and provide input into the joint CSAS and HIV Prevention Section RFP for services targeting MSM speed users. At the conclusion of the meeting, STOP AIDS and New Leaf agreed that they would meet to discuss how they could collaborate to ensure that these services could be implemented.

STOP AIDS and New Leaf have met twice and have decided that a collaboration would be too difficult. Among the reasons is the small amount of money available for these services and the different models of outreach utilized by these agencies. They suggested and have agreed that they will each submit a proposal for the services and that the HIV Prevention Section should decide which agency will receive the award for outreach services.

As a result, the HIV Prevention Section is currently drafting guidelines for proposals. These guidelines will be modeled after the contract narrative so that the agency awarded the contract will not have to develop a contract from scratch. The following is the timeline for outreach services:

- Monday, July 11- release guidelines to New Leaf and STOP AIDS.
- Monday July 25- proposals will be due (provided that both agencies agree that two weeks is adequate time to develop and submit proposals).
- The Week of July 25- review proposals. A small panel of HIV Prevention Section staff, community members, and HPPC members will review the proposals. The panel will make recommendations as to which agency will be awarded funding.

**Staffing:**

1. 2818 Health Program Planner: Interviews were held July 6 for the 2818 who will coordinate the Primary Prevention for HIV Positive Individuals Demonstration Project. The panel's recommendation has been forwarded to Personnel for approval. We hope that our new staff person will be able to start August 1, 1999.

2. 2591 Health Program Coordinator: Interviews will be held this month for the Health Program Coordinator, who will be a Program Manager and will work with Peter Twyman on the Counseling, Testing, Referral/Partner Counseling and Referral Services program.

3. 2819 Assistant Health Educator: The HIV Prevention Section has been recruiting for an Assistant Health Educator. The recruitment closed July 2. Interviews will be held this month.

4. Valerie Rose, formerly known as Valerie Kegebein, has returned from her educational leave of absence and will work on several projects starting August 2. Valerie, Cynthia Gomez, and Mitch Katz received funding from the University-wide AIDS Research Program (UARP) to evaluate policy implications of prevention community planning.

4. Tracey Packer, Chief of HIV Prevention Planning, will be going on maternity leave as of June 19, 1999. In her absence, several Planning and Program Management staff will carry out her responsibilities. Gigi Gregory will be the primary staff person to the HPPC, along with Betty Chan Lew in her current capacity. Gigi will also be primary staff to the Steering Committee and will replace Peter Twyman on the Outreach Committee. Kate MacLaughlin will staff the Co-Chair meetings, will replace Elizabeth Davis as primary staff to the Membership Committee, and will assist Delia Garcia in staffing the Priority Setting Committee. Delia will be primary staff to Priority Setting. Betty Chan Lew will continue to be the main staff liaison to the HPPC and will keep us all organized (as usual). Mike Pendo will increase his time working with the HPPC.

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## The CDC Cooperative Agreement and You

## The CDC Cooperative Agreement

- is a grant application from the San Francisco Health Department to the CDC.
- is written annually - due on or around the end of September.
- has three basic pieces: an HPPC section, a section on program priorities, and a budget.

## What's in those sections???

- The Programmatic section includes an update on Prevention activities such as outreach, and counseling and testing.
- The HPPC and Programmatic Sections each have:
  - an update on the work done in 1999 - particularly on the Objectives set out in 1998.
  - objectives for the coming year.
- The budget includes a description of how CDC funds are being spent.

## How does this relate to Community Planning?

- The CDC requires that all health department's convene a community planning group. This group must write an HIV Prevention Plan.
- On an annual basis, the health department must write a CDC Cooperative Agreement application which concurs with the goals and objectives and priorities identified in the prevention plan.

## How does this relate to Community Planning? (cont)

- The HPPC writes a letter to the CDC that either concurs or does not concur with the health department's application.
  - The Council's decision to concur or not concur is based on whether the application reflects the goals and objectives and priorities laid out in the HIV Prevention Plan.

## Here's an example....

- The Priority-Setting Committee has revised the priority-setting model to include high-risk sub-populations within each BRP. The cooperative agreement should reflect the revised priorities of the Council.

## How are we already involved??

- Committee work - and the information that they have presented to the HPPC will be reflected in the Cooperative Agreement application.
- Individuals will be offered the opportunity to participate on an ad-hoc committee which will review the application in August and meet to make recommendations.
- All HPPC members will be given the application to review (August 12) and it will be discussed at the Sept 9th meeting.

## How do I sign up to be on the adhoc review committee ...

- The adhoc committee will meet once, on August 26th from 3pm-6pm. We have copies of the guidance on what needs to be in a cooperative agreement application to take with you today.
- Simply sign up on the forms being sent around the table or contact Kristin duBay Horton at Harder & Co.

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## Priority-Setting Model - A Refresher Course

In 1997, the Priority-Setting Task Force revised the priority-setting model:

- Uses BRPs
- BRPs prioritized by incidence
- Sub-populations at especially high risk will be identified for each of the BRPs in the matrix
- At least some funding to all BRPs
- No minimum risk score

## Priority-Setting Model - A Refresher Course

- In 1998 and 1999, the Council approved the process for identifying sub-populations:

  -Rank sub-populations by prevalence.

  (2x the city rate or >4% prevalence)

  -For sub-populations without HIV prevalence data, use HIV Prevention Indicators: STDs, risk behaviors, etc.

## Where are we in the process?

- We have completed these steps:

1. Determine the elements of sound criteria
2. Choose criteria
3. Get feedback; HPPC vote on criteria
4. Use criteria to identify sub-populations
5. Present preliminary list of sub-populations to Council for feedback (today).

## MSM, MSM/F - Subpopulations

- Gay/bi adolescent males
- Gay males >30
- Gay/bisexual men
- African American gay men
- Gay men < 30
- A/PI gay/bi men
- Latino gay men

## MSM-IDU, MSM/F-IDU - Subpopulations

- Gay/bi IDUs
- African American gay male IDUs
- Latino gay male IDUs
- White gay male IDUs
- A/PI gay male IDUs
- Native American gay male IDUs

## MSF-IDU -Subpopulations

- Heterosexual male IDUs
- Homeless heterosexual male IDUs
- Young heterosexual male IDUs

## FSM-IDU, FSM/F-IDU, FSF-IDU - Subpopulations

- Lesbian/bi female IDUs
- Heterosexual female IDUs
- Homeless heterosexual female IDUs
- Young heterosexual female IDUs
- Female sex workers

## TSM, TSM/F, TSF

- African American MTF
- MTF
- Latina MTF
- White MTF
- Native American MTF

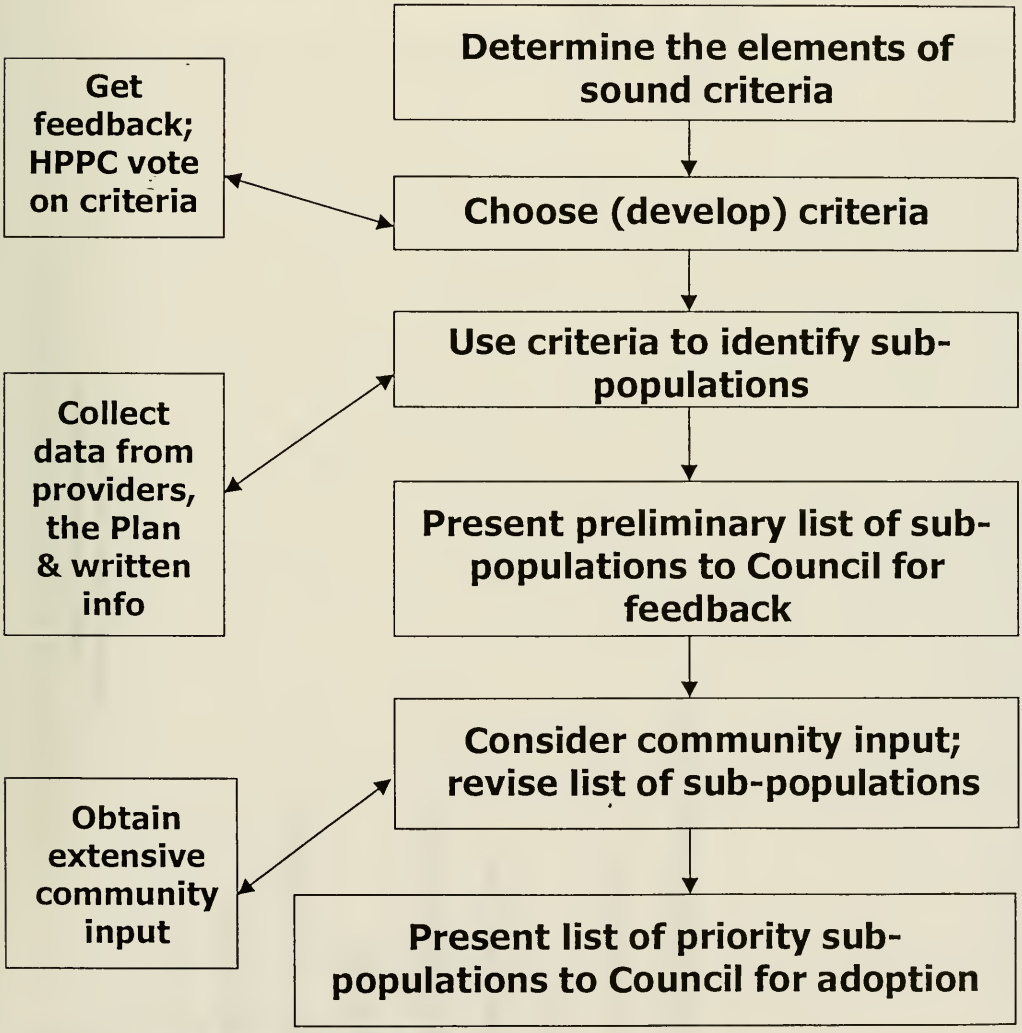
## Other (Sexual risk behavior not specified) - Subpopulations

- Adlescent male IDUs
- African American IDUs
- Male IDUs
- White IDUs
- Native American IDUs
- Asian/PI IDUs
- Latino and Black Latino IDUs

## What are the next steps?

- Incorporate Council/Community input into the list of sub-populations.
- Use HIV Prevention Indicator data to identify emerging high-risk sub-populations.
- Present final list of sub-populations to Council for approval.

# Process for Identifying Priority Sub-Populations


Determine the elements of sound criteria
Get feedback; HPPC vote on criteria
Choose (develop) criteria
Use criteria to identify sub-populations
Collect data from providers, the Plan & written info
Present preliminary list of sub-populations to Council for feedback
Consider community input; revise list of sub-populations
Obtain extensive community input
Present list of priority sub-populations to Council for adoption

**San Francisco HIV Prevention Planning Council**
**Priority Setting Committee**
**Behavioral Risk Populations**
**July 8, 1999**

**1) MSM, MSM/F**

**2) MSM-IDU, MSM/F-IDU**

**3) MSF-IDU**

**4) FSM-IDU, FSM/F-IDU**

**5) FSM, FSM/F, FSF**

**6) MSF**

**7) TSM, TSM/F, TSF**

**8) TSM-IDU, TSM/F-IDU, TSF-IDU**

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# San Francisco HIV Prevention Planning Council

**Priority Setting Committee**

**Preliminary list of sub-populations ranked by prevalence**

**July 8, 1999**

## MSM, MSM/F

| | | | |
|---|---|---|---|
| **gay/bi adolescent males** at homeless youth center | p: **52%** | (n = 23) | source: SFPH HIV Report, Dec. 1998 |
| **gay men >30** | p: **33%**<br>in: 1% | (n = 1,435)<br>(n = 53) | source: SFPH HIV Report, Dec. 1998 |
| **gay/bi men** living in multi-ethnic neighborhoods | p: **32%** | | |
| **gay men** | p: **30%**<br>in: 1% | (n = 11,700)<br>(n = 283) | source: SFPH HIV Report, Dec. 1998 |
| **gay/bi men** attending STD clinic | p: **21%** | (n = 221) | source: SFPH HIV Report, Dec. 1998 |
| **gay/bi men** attending STD clinic young | p: **19%** | | |
| **African American gay men** | p: **16%**<br>p: 7% | (n = 122)<br>(n = 112) | confidential test sites<br>anonymous test sites |
| **gay men <30** | p: **15%**<br>in: 1% | (n = 945)<br>(n = 64) | source: SFPH HIV Report, Dec. 1998 |
| **Asian/ Pacific Islander gay/bi men** | p: **13%**<br>p: 4% | | source: CAPS<br>source: CAPS, data from 1994 |

## MSM, MSM/F (cont.)

| | | | |
|---|---|---|---|
| **Latino gay men <30** | p: **12%** | (n=113) | source: 1997 Consensus Report |
| **African American gay men <30** | p: **10%** | | source: SFPH HIV Report, Dec. 1998 |
| | p: 10% | (n= 90) | source: 1997 Consensus Report |
| **Latino gay men** | p: **10%** | | source: SFPH HIV Report, Dec. 1998 |
| **Asian/ Pacific Islander gay men** | p: **10%** | | |
| | p: 9% | (n=87) | confidential test site |
| | p: 5% | (n=574) | source: 1997 Consensus Report |
| **Asian/Pacific Islander gay men <30** | p: **10%** | (n=90) | source: 1997 Consensus Report |
| **gay/bi men** ages 17-22 | p: **8%** | | data from 1994-1995 |
| **African American gay men >30** | p: **6%** | | source: SFPH HIV Report, Dec. 1998 |

## MSM-IDU, MSM/F-IDU

| | | | |
|---|---|---|---|
| **gay/bi IDUs**<br>at homeless youth center | p: **68%** | (n = 27) | source: SFPH HIV Report, Dec. 1998 |
| **gay/bi IDUs**<br>homeless | p: **60%** | | |
| **gay/bi IDUs**<br>living in multi-ethnic neighborhoods | p: **59%** | | |
| **gay men IDUs**<br>"marginally housed" | p: **49%** | | source: TREAT Study |
| **African American gay men IDUs***<br>*includes non-IDU | p: **47%**<br>in: 3%<br>p: 23% | (n = 101)<br>(n = 34)<br>(n = 330) | source: Men of Color Needs Assessment |
| **gay/bi men IDUs***<br>*includes gay/bi non-IDU<br>homeless | p: **45%**<br>p: 15% | | |
| **Latino gay men IDUs***<br>*includes non-IDUs | p: **37%**<br>in: 1.4% | (n = 1,432)<br>(n = 34) | source: Men of Color Needs Assessment |
| **gay/bi men IDUs** | p: **36%** | (n = 64) | source: Urban Health Study |
| **gay men IDUs** | p: **35%**<br>in: 2%<br>p: 31%<br>p: 14% | (n = 1,435)<br>(n = 53)<br><br>(n = 20) | source: SFPH HIV Report, Dec. 1998<br><br>source: TREAT Study<br>source: CTR/PCRS Report, Jan-March 1998 |

## MSM-IDU, MSM/F-IDU (cont.)

| | | | |
|---|---|---|---|
| **gay/bi men IDUs**<br>attending STD clinic | p: **32%**<br>p: 29% | (n = 30)<br>(n = 106) | source: SFPH HIV Report, Dec. 1998 |
| **gay/bi men IDUs**<br>drug-free detox program | p: **31%** | | |
| **White gay men IDUs***<br>*includes non-IDUs | p: **30%**<br>in: 1% | (n = 9,708)<br>(n = 242) | source: Men of Color Needs Assessment |
| **gay/bi men IDUs***<br>*includes non-IDU<br>STD clients | p: **28%** | | |
| **gay/bi men IDUs**<br>young | p: **25%**<br>p: 16% | | Data from 1994-1995 |
| **Asian/Pacific Islander gay men IDUs***<br>*includes non-IDUs | p: **24%**<br>in: 0.6% | (n = 624)<br>(n = 11) | source: Men of Color Needs Assessment |
| **Native American gay men IDUs***<br>*lack of data and small sample size limits ability to make any accurate estimate*<br>*includes non-IDUs | p: **21%**<br>in: 2% | (n = 91)<br>(n = 7) | source: Men of Color Needs Assessment |
| **gay/bi men IDUs**<br>methadone clients | p: **15%** | | |
| **African American gay men IDUs***<br>*includes non-IDUs<br>young | p: **13%** | | source: Katz study, 1998 |

## MSM-IDU, MSM/F-IDU (cont.)

| | | |
|---|---|---|
| **Latino gay men IDUs*** | p: **6%** | |
| *includes non-IDUs | | source: Katz study, 1998 |
| young | | |
| **White gay men IDUs*** | p: **4%** | source: Katz study, 1998 |
| *includes non-IDUs | | |
| young | | |

**MSF-IDU**

| | | | |
|---|---|---|---|
| **heterosexual men IDUs** | p: **12%** | (n = 1,020) | source: SFPH HIV Report, Dec. 1998 |
| | in: 1% | (n = 76) | |
| | p: 3% | (n = 11) | source: CTR/PCRS Report, Jan-March 1998 |
| **heterosexual men IDUs** methadone clients | p: **10%** | | |
| **heterosexual men IDUs** STD clients | p: **8%** | | |
| **heterosexual men IDUs** drug free, detox program clients | p: **6%** | | |
| **heterosexual men IDUs** homeless in health care | p: **6%** | | |
| **heterosexual men IDUs** | **p: 4.5%** | (n = 399) | source: Urban Health Study |
| **heterosexual men IDUs** young | p: **4%** | | |

## FSM-IDU, FSM/F-IDU, FSF-IDU

| | | | |
|---|---|---|---|
| **lesbian/bi women IDUs**<br>methadone clients | p: **17%** | | |
| **heterosexual women IDUs** | p: **12%**<br>in: 1%<br>p: 5-12% | (n = 540)<br>(n = 41) | source: SFPH HIV Report, Dec. 1998 |
| | p: 2% | (n = 3) | source: CTR/PCRS Report, Jan-March 1998 |
| **lesbian/bi women IDUs** | p: **8%** | | |
| **heterosexual, lesbian/bi women IDUs** | p: **8%** | (n = 205) | source: Urban Health Study |
| **heterosexual women IDUs**<br>homeless | p: **7%** | | |
| **heterosexual women IDUs**<br>young,<br>in health care | p: **5%** | | |
| **heterosexual women IDUs**<br>STD clients | p: **5%** | | |
| **females- IDUs**<br>methadone clients<br>(sexual preference not specified) | p: **4%** | (n = 5) | source: SFPH HIV Report, Dec. 1998 |
| **females- IDUs**<br>STD clients | p: **4%** | (n = 3) | source: SFPH HIV Report, Dec. 1998 |

## FSM, FSM/F, FSF

**Sex Workers, female** p: **14%**

## MSF

data to be added

## TSM, TSM/F, TSF

| | | | |
|---|---|---|---|
| **African American MTF** | p: **63%** | (n = 104) | source: Transgender Community Health Project Study, 1997 |
| **MTF** | p: **35%** | (n = 392) | source: Transgender Community Health Project Study, 1997 |
| **Latina MTF** | p: **29%** | (n = 106) | source: Transgender Community Health Project Study, 1997 |
| **White MTF** | p: **21%** | (n = 107) | source: Transgender Community Health Project Study, 1997 |
| **Native American MTF** | p: **20%** | (n = 24) | source: Transgender Community Health Project Study, 1997 |

## TSM-IDU, TSM/F-IDU, TSF-IDU

data to be added

## OTHER

| | | | |
|---|---|---|---|
| **adolescent male- IDUs**<br>at homeless youth center<br>(sexual preference ot specified) | p: **25%** | (n = 3) | source: SFPH HIV Report, Dec. 1998 |
| **African American- IDUs**<br>men and women<br>(sexual preference not specified) | p: **13%**<br>p: 12% | (n = 377)<br>(n = 8) | source: Urban Health Study, Fall 1998<br>source: SFPH HIV Report, Dec. 1998 |
| **males-**<br>attending STD clinic<br>(sexual preference not specified) | p: **10%** | (n = 173) | source: SFPH HIV Report, Dec. 1998 |
| **male IDUs**<br>STD clients<br>(sexual preference not specified) | p: **9%** | (n = 8) | source: SFPH HIV Report, Dec. 1998 |
| **IDUs**- White<br>men and women<br>(sexual preference not specified) | p: **8%** | (n = 265) | source: Urban Health Study, Fall 1998 |
| **IDUs**- Native American<br>men and women<br>(sexual preference not specified) | p: **7%** | (n = 15) | source: Urban Health Study, Fall 1998 |
| **IDUs**- Asian/Pacific Islander<br>men and women<br>(sexual preference not specified) | p: **6%** | (n = 16) | source: Urban Health Study, Fall 1998 |
| **IDUs**- Latino and Black Latino<br>men and women<br>(sexual preference not specified) | p: **6%** | (n = 67) | source: Urban Health Study, Fall 1998 |

## OTHER (cont.)

| | | | |
|---|---|---|---|
| **male IDUs**<br>entering methadone treatment<br>(sexual preference not specified) | p: **5%** | (n = 8) | source: SFPH HIV Report, Dec. 1998 |
| **Latino IDUs**<br>males & females<br>entering methadone treatment<br>(sexual preference not specified) | p: **5%** | (n = 1) | source: SFPH HIV Report, Dec. 1998 |
| **males-**<br>arrested in SF<br>(sexual preference not specified) | p: **5%** | | |

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# Reported AIDS Cases by Year of Diagnosis and Location

| Year | San Francisco[1] | California[2] | United States[3] |
|---|---|---|---|
| Before 1983 | 151 | 306 | 1564 |
| 1983 | 319 | 708 | 3145 |
| 1984 | 624 | 1409 | 6335 |
| 1985 | 959 | 2586 | 11990 |
| 1986 | 1401 | 4073 | 19319 |
| 1987 | 1759 | 5678 | 28999 |
| 1988 | 1928 | 6746 | 35957 |
| 1989 | 2439 | 8246 | 43168 |
| 1990 | 2303 | 9040 | 49069 |
| 1991 | 2607 | 11200 | 60124 |
| 1992 | 2760 | 12614 | 79054 |
| 1993 | 2338 | 11935 | 79049 |
| 1994 | 1983 | 10337 | 71209 |
| 1995 | 1699 | 9348 | 66233 |
| 1996 | 1169 | 7259 | 54656 |
| 1997 | 875 | 5502 | 31135 |
| 1998 | 600 | 4152 | N/A* |
| 1999 (to 3/31) | 62 | 340 | N/A* |
| **Total** | **25,976** | **111,479** | **688,200**** |

*ual AIDS ases Peak*

*Annual AIDS Cases Peak*

1 From the San Francisco Department of Public Health March 1999 *Quarterly AIDS Surveillance Report* (Table 9, Page 7).

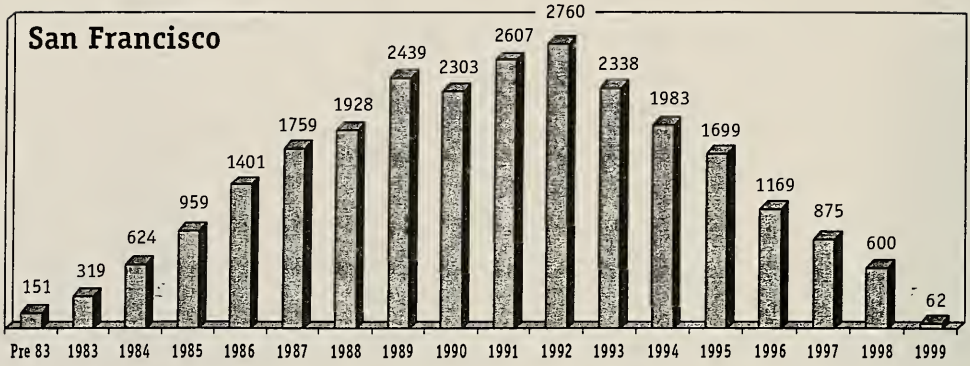
2 From the California Department of Health Services Office of AIDS March 31, 1999 *Surveillance Report for California* (Table 5).

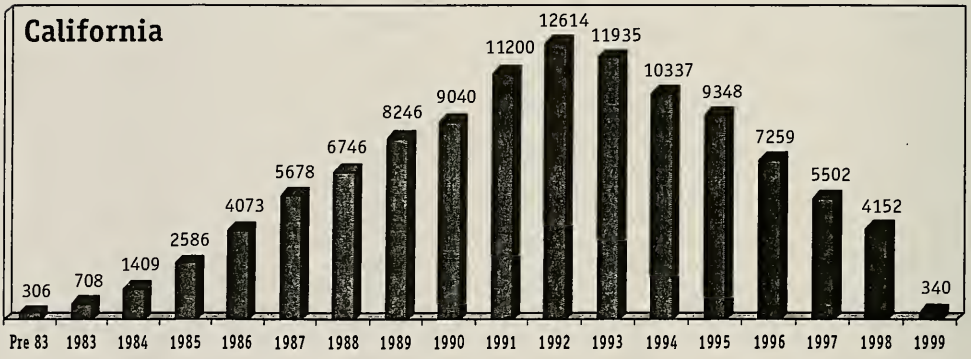
3 From the CDC *HIV/AIDS Surveillance Report* 1997 year-end edition (Table 13, Page 19).

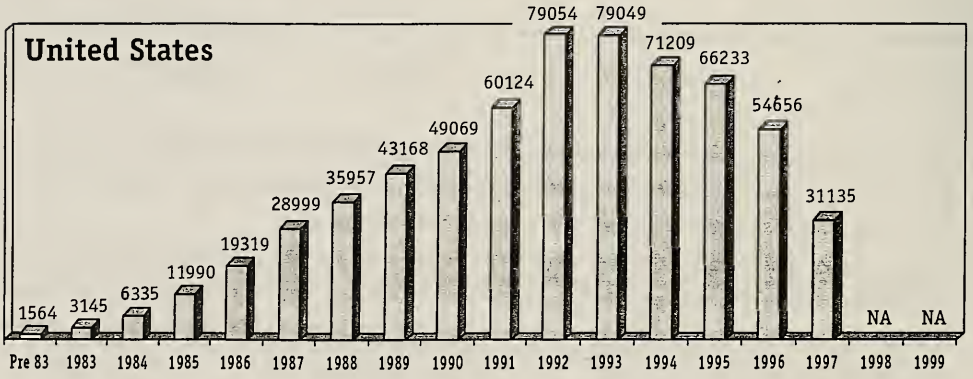
* Beginning with the 1998 mid-year edition of the *CDC HIV/AIDS Surveillance Report*, the table entitled "AIDS cases, case-fatality rates, and deaths, by half-year and age group, through December 19XX, United States" (formerly known as Table 13) was eliminated. Therefore, it is now impossible for the public to discern AIDS cases diagnosed annually in the United States.

** This figure represents the total number of AIDS cases reported through December 1998 (Table 2, Page 8 of the 1998 year-end edition). It includes an additional 47,114 cases over the 641,086 reported through December 1997(found in both Table 1, Page 7 and Table 13, Page 19 of the 1997 year-end edition). Because the CDC eliminated the table that places these reported cases into the appropriate year of diagnosis, it is not known when these additional reported cases were actually diagnosed.

# Reported AIDS Cases
# by Year of Diagnosis and Location



# STRATEGIC EVALUATION PRESENTATION
## HPPC Meeting - July 8, 1999

1

Strategic Evaluation: Revising the Strategic Evaluation Plan

With subtitles from the Original "Wizard of OZ"

2

### What is Strategic Evaluation?

- As the HIV Prevention Planning Committee is charged with incorporating cutting edge behavioral science theory into prevention planning the Strategic Evaluation Committee's work is to disseminate these theories to the HIV Prevention Community as well as to prioritize gaps in this knowledge for future study.

3

### History of the Strategic Evaluation Plan

- The Original HIV Prevention Plan (1996) contains a chapter on Strategic Evaluation.
  - this chapter lays out a five-year plan for evaluation efforts on three levels: provider level, intervention level, and population level.
  - the goal of these efforts is to maximize HIV prevention efforts by enhancing the capacity for programs to self evaluate and improve.

4

### Progress on the Strategic Eval. Plan "Meanwhile back on the farm"

- Since that time the Strategic Evaluation Plan has been working with the AIDS office to accomplish the yearly tasks in the plan including:
  - implementation of the BRA
  - development of a research inventory and prioritization of gaps
  - working to develop prevention indicators as part of National effort.

5

### A massive storm arose to threaten these efforts

- As the CDC released a draft guidance on Strategic Evaluation Plans with new mandates including:
  - individual level data collection for all funded providers
  - standard evaluation tools to evaluate community planning efforts

6

### "Follow the yellow brick road"

- The Strategic Evaluation Committee set out to determine a plan to rewrite the 1996 Strategic Evaluation plan by April 2000.
  - keeping in mind the lessons learned in implementing the prior plan
  - meeting the standards set by the CDC

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(7)

## We're not in Kansas anymore Toto'

- The Strategic Evaluation committee will complete much of the work from the prior plan as it awaits final word from the CDC on new mandates - piloting some of the possible tools...
  - complete research inventory, and disseminate at community meeting in October 1999
  - pilot and modify existing CDC tools to evaluate community planning
  - write Revised Comprehensive Strategic Evaluation Plan meeting new standards by April 2000

(8)

## The interim plan "Not all witches are Baaad witches"

- The interim plan will bridge the HPPC from the prior plan (1997) to the Revised Comprehensive Strategic Evaluation Plan which will be complete in April 2000.

(9)

## Interim Objectives "If I only..."

1 Support and train members of the strategic evaluation task force and the HPPC as a whole to make informed decisions about evaluation and the development and implementation of the Revised Comprehensive Strategic Evaluation Plan.

- Recruit community experts in evaluation to join the Strategic Evaluation Committee.
- Provide ongoing education and training for members of both the SEC and the HPPC.

## Interim Objectives
### "If I only had courage..."

2 By April 2000, define standardized process evaluation variables to be collected by prevention providers.

- Ensure that these standardized variables meet new CDC reporting requirements
- Ensure that these standardized variables provide information that can be used for HIV planning
- Ensure that these standardized variables provide information that can be used by providers and the HPPC to improve prevention efforts
- Provide TA to providers to assist them in developing and implementing appropriate data collection methods

10

## Interim Objectives
### "If I only had a brain..."

3 Develop alternative mechanisms for input into the work of this committee from the broader community including: prevention providers, evaluators, and interested community members

- Hold at least one community meeting for HIV Prevention Providers and concerned members of at-risk communities on HIV Prevention Research Inventory by June 2000
- Hold at least one HIV Prevention Provider workshop on the BRA and its move to meet the needs of the new CDC intervention plan reporting requirements
- Seek input on revisions to the Strategic Evaluation Plan

11

## Interim Objectives
### "If I only had a heart..."

4 By April 2000, refine the community planning process evaluation tool (CDC's CPG Member Survey) for use in San Francisco to ensure that it meets both the CDC standards and the needs of the planning council.

- Utilize results from pilot to refine the community planning process evaluation tool.

12

## Interim Objectives

"If I only had a pair of those really cute red spangled pumps"

5 By April 2000 revise the previous 5-year strategic evaluation plan so that it meets the minimum standards outlined in the CDC guidance for evaluation planning and reflects the progress made during the past three years of its implementation.

- Take into account the lessons learned in three years of implementation of the prior strategic evaluation plan.

6 By December 2000 broadly disseminate the revised Comprehensive Strategic Evaluation Plan to providers, evaluators, and interested community members.

(13)

## Interim Objectives

"Just click your heels three times…"

7 Initiate discussion both within the strategic evaluation committee and with community experts and opinion leaders as a means to developing a philosophy statement incorporating scientific data and community expertise to minimize barriers to effective HIV Prevention. This will be included in the Revised Comprehensive Strategic Evaluation Plan.

(14)

"There's no place like home"

Motion:

(15)

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The Priority Setting Committee Proposal
for the
Supplemental Application to the
Cooperative Agreement for
"Increasing Knowledge of Serostatus in
Prevention in HIV-Infected Persons (PHIP) Demonstration Projects"
(Referred to by HPPC and HIV Prevention Section as
Primary Prevention for HIV Positive Individuals)

1. The CDC notified the HIV Prevention Section that San Francisco is eligible to apply for additional funds to supplement the demonstration project. Awards to demonstration project sites are expected to range from $175,000 and $500,000. Funding is to be awarded in August and must be encumbered by December 1999.

The draft request for proposals states the following goals:

> *1.) To increase the number and proportion of high risk individuals who know their serostatus as early as possible after infection.*
>
> *2.) To identify and reduce barriers which may make it difficult to know one's serostatus, especially for socioeconomically disadvantaged or racial or ethnic minority populations.*

2. The HPPC Steering Committee determined that setting of priorities for the RFA be done by the Priority Setting Committee. Staff will write the proposal.

3. The Priority Setting Committee invited all HPPC members to a special meeting held July 1 to discuss priorities for this funding. The Priority Setting Committee discussed the following recommendations for the proposal to CDC. Today, the committee will present these recommendations to the HPPC for its support of the priorities for the proposal.

*Target populations*

1. MSM of all ethnicities in low-income areas
2. MSM-IDU
3. Latino MSM that do not identify as gay
4. Residents in housing developments (especially women of color)

5. IDUs

*Strategies and Methodologies*

1. Mobile HIV Testing-Conduct testing at sites where members of the target population frequent and are comfortable, such as SROs, needle exchange sites, housing developments. Consider leasing or purchasing a mobile testing van that could be used by different providers, or locate testing at CBOs and other venues in the community. Mobile testing could include case managers, physicians, STD testing, other health services (abcess care) that the target population identifies as needed. Utilize new testing technologies such as oral testing, rapid testing, Detuned ELISA.

2. Linkages to other services: Employ a prevention case management model. Whether participants have a negative or positive test, provide linkage counselors to assist them to access needed services and receive HIV prevention counseling. Provide continuum of services. Provide partner follow up as requested.

3. Use a peer-based model. Recruit testing staff and prevention case managers from the target population.

4. Use harm reduction strategies.

5. Offer incentives for participation. "Assist target population to prioritize HIV over other needs."

Strategies proposed would be linked to the interventions established through the demonstration project.

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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June 29, 1999

To: Lee Ann Monfredini, President &
Members San Francisco Health Commission

From: Mitchell H. Katz, M.D.
Director

Re: Resolution Supporting Transfer of Massage Establishment Regulation

Board President, Tom Ammiano introduced an ordinance calling for the transfer of authority for regulation of the massage industry from the Police Department to the Department of Public Health. This Ordinance (attached) is tentatively scheduled for hearing before the Public Health and Environment Committee of the Board of Supervisor's August 12th.

Regulation of the massage industry is currently within the jurisdiction of the Police Department. Massage parlor owners, massage parlor workers, massage therapists and massage therapy businesses within San Francisco are required to obtain permits from the Police Department. Applicants pay a fee for an initial permit followed by an annual fee thereafter. Requirements for a permit are different for business owners versus massage workers. The current requirements for a massage permit are focused on restricting prostitution. Owners or workers found practicing without a current permit are subject to arrest.

In 1994 the San Francisco Board of Supervisors convened the Task Force on Prostitution, sponsored by then Supervisor Terence Hallinan to address issues related to the sex work industry in San Francisco. One conclusion of the Task Force Final Report (March 1996) was that the regulation of massage establishments by the Police Department was a considerable conflict of interest. It recommended that the regulation of massage establishments be transferred to

the Department of Public Health. The principle reason for this recommendation was that the practice of massage and the existence of massage parlors was a public health issue rather than a public safety issue.

There is broad community consensus from the massage parlor owners, massage parlor workers, independent massage therapists and massage therapy business owners that regulation should focus on the issues of health and environmental safety. The Police Department agrees.

Within the Department of Public Health we have had our own discussions and feel that the scope of work involved with regulation of the massage industry is an appropriate public health activity. We believe that the shift in regulatory authority is consistent with the Department's Public Health Mission and recommend approval by the Commission.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO._____

PROPOSED ORDINANCE TO TRANSFER AUTHORITY OF REGULATION OF THE MASSAGE INDUSTRY FROM THE POLICE DEPARTMENT TO THE DEPARTMENT OF PUBLIC HEALTH BY REPEALING SAN FRANCISCO POLICE CODE, ARTICLE 27, AND ADDING ARTICLE 28, SECTION 1800 TO 1828 TO THE SAN FRANCISCO HEALTH CODE, AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH TO REGULATE MASSAGE ESTABLISHMENTS AND MASSAGE SERVICES, SETTING NEW CRITERIA FOR THE ISSUANCE AND REVOCATION OF MASSAGE PERMITS, CHANGING CERTAIN OPERATING REQUIREMENTS OF MASSAGE ESTABLISHMENTS, SETTING NEW PENALTIES FOR VIOLATION OF MASSAGE PROVISIONS AND CONTINUING AN APPLICATION FEE, AN IDENTIFICATION CARD FEE AND PERMIT FEE.

WHEREAS, massage therapists and massage parlor workers encompass various populations, ages, ethnic backgrounds, gender, marital status, sexual orientation and socioeconomic status; and

WHEREAS, currently, in San Francisco, there is a high percentage of young women, single mothers, women of color, immigrants and refugees working in the massage industry; and

WHEREAS, these women are at risk for occupational-related injury and disease and their clients are at risk for diseases transmitted by close personal contact; and

WHEREAS, current authority to regulate massage businesses and massage workers rests with the Police Department whose regulations require massage businesses and workers to obtain initial permits and then requires annual renewal fees; and

WHEREAS, the regulations require applicants to provide evidence of no felony convictions including history of prostitution, training in massage therapy and applicants must be fingerprinted; and

WHEREAS, there are several components of the current ordinance pertaining to environmental safety and personal conduct in an effort to reduce the likelihood of prostitution, but there is little in the regulations providing for the health and hygiene of the massage business, worker or client; and

WHEREAS, the Final Report of the San Francisco Task Force on Prostitution concluded that the regulation of massage establishments by the Police Department was a considerable conflict of interest; and

WHEREAS, the proposed ordinance would transfer the authority of regulating the massage industry from the Police Department to the Department of Public Health; and

WHEREAS, DPH could assure that health and hygiene issues are addressed among the massage businesses, workers and clients through regulation; and

WHEREAS, many believe that the massage industry is a public health issue not a public safety issue; and

WHEREAS, the funds generated from the licensing of massage businesses and workers could be used to enhance current education and outreach programs to support health promotion among massage business and workers, sustain an employer education program and develop opportunities for increased access to health care for underserved workers; and

WHEREAS, this ordinance enjoys support from representatives of massage parlor owners, massage parlor workers, independent massage therapists and the sections of Environmental Health & Occupational Safety and STD Services of the Department of Public Health and the Police Department; now therefore be it

RESOLVED that the Health Commission supports the transfer of authority of regulating the massage industry from the Police Department to the Department of Public Health.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, July 6, 1999.

_____

Sandy Ouye Mori
Executive Secretary to
The Health Commission

FILE NO. _____ COPY ORDINANCE NO. _____

[Massage Establishments and Massage Services]

AMENDING PART II, CHAPTER VIII OF THE SAN FRANCISCO MUNICIPAL CODE (POLICE CODE) BY REPEALING ARTICLE 27, SECTIONS 2700 TO 2737, INCLUSIVE, AUTHORIZING THE CHIEF OF POLICE TO REGULATE MASSAGE ESTABLISHMENTS AND MASSAGE SERVICES; AND AMENDING PART II, CHAPTER V, OF THE SAN FRANCISCO MUNICIPAL CODE (HEALTH CODE) BY ADDING ARTICLE 28, SECTIONS 1800 TO 1828, INCLUSIVE, AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH TO REGULATE MASSAGE ESTABLISHMENTS AND MASSAGE SERVICES, SETTING NEW CRITERIA FOR THE ISSUANCE AND REVOCATION OF MASSAGE PERMITS, CHANGING CERTAIN OPERATING REQUIREMENTS OF MASSAGE ESTABLISHMENTS, SETTING NEW PENALTIES FOR VIOLATION OF MASSAGE PROVISIONS, AND CONTINUING AN APPLICATION FEE, AN IDENTIFICATION CARD FEE AND A PERMIT FEE.

Note: This entire section is new.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Sections 2700 to 2737, inclusive, of Part II, Chapter VIII, Article X of the San Francisco Municipal Code (Police Code) are hereby repealed.

Section 2. Part II, Chapter V of the San Francisco Municipal Code (Health Code) is hereby amended by adding Article 28 thereto reading as follows:

**ARTICLE 28**

**MASSAGE ESTABLISHMENTS AND MASSAGE SERVICES**

Sec. 1800 Definitions.

Sec. 1801 Permit Required for a Massage Establishment or Outcall Massage Service.

Sec. 1802 Application for a Massage Establishment or Outcall Massage Service Permit.

| | | |
|---|---|---|
| Sec. 1803 | Permit Required for a Massage Practitioner. |
| Sec. 1804 | Application for Massage Practitioner Permit. |
| Sec. 1805 | Facilities Necessary for Massage Establishment. |
| Sec. 1806 | Operating Requirements for Massage Establishment. |
| Sec. 1807 | Hearings. |
| Sec. 1808 | Referral of Application for Massage Establishment Permit to Other Departments. |
| Sec. 1809 | Issuance of Massage Establishment or Outcall Massage Service Permit. |
| Sec. 1810 | Issuance of Massage Practitioner Permit. |
| Sec. 1811 | Trainee Permit. |
| Sec. 1812 | Identification Card. |
| Sec. 1813 | Register of Employees. |
| Sec. 1814 | Revocation of Massage Establishment or Outcall Massage Service Permit. |
| Sec. 1815 | Revocation of Massage Practitioner Permit. |
| Sec. 1816 | Employment of Persons Under the Age of 18 Prohibited. |
| Sec. 1817 | Display of Permit. |
| Sec. 1818 | Inspection. |
| Sec. 1819 | Massage Establishment or Outcall Massage Service Permit Fee. |
| Sec. 1820 | Massage Practitioner Permit Fee. |
| Sec. 1821 | Transfer of Permit. |
| Sec. 1822 | Employment of Massage Practitioners. |
| Sec. 1823 | Existing Permits. |
| Sec. 1824 | Exclusions. |
| Sec. 1825 | Rules and Regulations. |
| Sec. 1826 | Violation and Penalty. |
| Sec. 1827 | Disclaimer. |

Sec. 1828 Severability.

**SEC. 1800. DEFINITIONS.** For the purposes of this Article:

(a) "City" means the City and County of San Francisco.

(b) "Director" means the Director of Public Health or any individual designated by the Director to act on his or her behalf.

(c) "Massage" means any method of pressure on or friction against, or stroking, kneading, rubbing, tapping, pounding, vibrating, or stimulating of the external soft pads of the body with the hands or with the aid of any mechanical electrical apparatus or appliances with or without such supplementary aids as rubbing alcohol liniments, antiseptics, oils, powder, lotions, ointments or other similar preparations.

(d) "Massage Establishment" means a fixed place of business where any Person engages in or carries on, or permits to be engaged in or carried on, the practice of Massage.

(e) "Massage Practitioner" means any individual, including a trainee, who, for any consideration whatsoever, engages in the practice of Massage.

(f) "Outcall Massage Service" means any business, not permitted as a Massage Establishment under the provisions of this Article, wherein the primary function of such business is to engage in or carry on Massage not at a fixed location but at a location designated by the client or customer.

(g) "Permittee" means the owner, proprietor, manager or operator of a Massage Establishment or Outcall Massage Service.

(h) "Person" means any individual, partnership, firm, association, joint stock company, corporation or combination of individuals of whatever form or character.

(i) "Recognized School" means any school or institution of learning which has for its purpose the teaching of the theory, method, profession, or work of Massage, which school requires a resident course of study of not less than 70 hours to be completed in not more than

three calendar months before the student shall be furnished with a diploma or certificate of graduation, and which school has been approved pursuant to Section 29007.5 of the Education Code of the State of California or a comparable education as deemed approved by the Director.

**SEC. 1801. PERMIT REQUIRED FOR A MASSAGE ESTABLISHMENT OR OUTCALL MASSAGE SERVICE.** It shall be unlawful for any Person to engage in, conduct or carry on, or to permit to be engaged in, conducted or carried on, in or upon any premises in the City the operation of a Massage Establishment or Outcall Massage Service without first having obtained a permit from the Director.

**SEC. 1802. APPLICATION FOR MASSAGE ESTABLISHMENT OR OUTCALL MASSAGE SERVICE PERMIT.** (a) Every applicant for a Massage Establishment or Outcall Massage Service permit shall file an application with the Director upon a form provided by the Director and pay an application fee, which shall not be refundable. The Director shall set said fee at an amount necessary to cover the costs of processing the application.

(b) The application shall set forth, under penalty of perjury, the following:

(1) The exact nature of the services to be rendered;

(2) The address of the proposed place of business and facilities thereof;

(3) The number of individuals to be employed by the business;

(4) The name, address, and date of birth of each applicant;

(5) Any history of previous massage permits or licenses in San Francisco or elsewhere for each applicant; and

(6) All felony convictions or misdemeanor sexual battery convictions for each applicant.

(c) The Director is hereby authorized to require in the application any other information including, but not limited to, information related to the health, hygiene and sanitation of the premises.

(d) If an applicant is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation together with the names and residence addresses of each of the officers, directors, and each stockholder holding more than 10 percent of the stock of the corporation. If the application is a partnership, the application shall set forth the name and the residence address of each of the partners, including limited partners. If one or more of the partners is a corporation, the provisions of this Section pertaining to corporate applicants applies.

**SEC. 1803. PERMIT REQUIRED FOR MASSAGE PRACTITIONER.** It shall be unlawful for any individual, including a trainee, to engage in the practice of Massage without first obtaining a permit from the Director.

**SEC. 1804. APPLICATION FOR MASSAGE PRACTITIONER PERMIT.** (a) Every applicant for a Massage Practitioner permit shall file an application with the Director upon a form provided by the Director and pay an application fee, which shall not be refundable. The Director shall set said fee at an amount necessary to cover the costs of processing the application.

(b) The application for a Massage Practitioner permit shall set forth, under penalty of perjury, the following:

(1) Name and residence address of the applicant;

(2) The social security number and driver's license number, if any, of the applicant;

(3) Written evidence that the applicant is at least 18 years of age;

(4) All felony convictions or misdemeanor sexual battery convictions; and

(5) The name and address of the Recognized School attended, the dates attended and a copy of the diploma or certificate of graduation awarded the applicant showing the applicant has completed not less than 70 hours of instruction.

(c) The Director is hereby authorized to require in the application any other information including, but not limited to, information related to the health and safety of Massage Practitioners and their patrons or to hygiene and sanitation.

**SEC. 1805. FACILITIES NECESSARY FOR MASSAGE ESTABLISHMENT.** (a) No permit to conduct a Massage Establishment shall be issued unless an inspection by the Director reveals that the Massage Establishment complies with each of the following requirements:

(1) Construction of rooms used for toilets, tubs, steam baths and showers shall be made waterproof with approved waterproofed materials and shall be installed in accordance with the San Francisco Building Code. Plumbing fixtures shall be installed in accordance with the San Francisco Plumbing Code.

(i) For toilet rooms, toilet room vestibules and rooms containing bathtubs, there shall be a waterproof floor covering, which will be carried up all walls to a height of at least six inches. Floors shall be covered up on base with at least ¼ inch cover. The walls of all toilet rooms and rooms containing bathtubs shall be finished to a height of six feet with a smooth, non-absorbent finish surface of Keene cement, tile or similar material.

(ii) Steam rooms and shower compartments shall have waterproof floors, walls and ceilings approved by the Director.

(iii) Floors of wet and dry heat rooms shall be adequately pitched to one or more floor drains properly connected to the sewer. Dry heat rooms with wooden floors need not be provided with pitched floors and floor drains.

(iv) A source of hot water must be available within the vicinity of dry and wet heat rooms to facilitate cleaning.

(2) Toilet facilities shall be provided in convenient locations. When five or more employees or patrons of different genders are on the premises at the same time, separate toilet facilities shall be provided. A single toilet per gender shall be provided for each 20 or more employees or patrons of that gender on the premises at any one time. Urinals may be substituted for toilets after one toiler has been provided. Doors to toilet rooms shall open inward and be self-closing. Toilet rooms shall be designated as to the gender accommodated therein.

(3) Lavatories or wash basins with both hot and cold running water shall be installed in either the toilet room or the vestibule. Lavatories or wash basins must have soap in a dispenser and sanitary towels.

(4) All portions of Massage Establishments shall be provided with adequate light and ventilation by means of windows or skylights with an area of not less than 1/8 of the total floor area, or shall be provided with an approved artificial light and a mechanical operating ventilating system. When windows or skylights are used for ventilation, at least ½ of the total required window area shall be operable. To allow for adequate ventilation, cubicles, rooms and areas provided for the use of patrons not served directly by a window, skylight or mechanical system of ventilation shall be constructed so that the height of the partitions does not exceed 75 percent of the floor-to-ceiling height of the area in which they are located.

(5) All electrical equipment shall be installed in accordance with the requirements of the San Francisco Electrical Code.

**SEC. 1806. OPERATING REQUIREMENTS FOR MASSAGE ESTABLISHMENT.** (a) Every portion of a Massage Establishment, including appliances, apparatus, and personnel shall be kept clean and operated in a sanitary condition.

(b) Every Massage Establishment shall provide on the premises a separate dressing room for employees with individual lockers available for each employee. Doors to dressing rooms shall open inward and be self-closing.

(c) Every Massage Establishment shall provide clean laundered sheets and towels and shall launder them after each use and store them in a sanitary manner. No towels or sheets shall be laundered or dried in any Massage Establishment unless such Massage Establishment is provided with laundry facilities for such laundering and drying. The Massage Establishment shall provide receptacles for the storage of soiled linens and paper towels.

(d) Every Massage Establishment shall thoroughly clean its wet and dry heat rooms, shower compartments, and toilet rooms each business day. Bathtubs shall be thoroughly cleaned after each use.

(e) Any room in which a Massage Establishment provides Massage services shall not be used for residential sleeping purposes; provided, however, that the Director may allow such room to be used for residential or sleeping purposes if the Director finds that the health and safety of the patrons of the Massage Establishment will not be jeopardized.

**SEC. 1807. HEARINGS.** The Director may fix a time and place for a hearing on any application for a permit under this Article, which shall not be held more than 45 days after the receipt of the completed application, or, in the case of a Massage Establishment permit, more than 30 days after receiving the findings required under Section 1808 of this Article.

**SEC. 1808. REFERRAL OF APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT TO OTHER DEPARTMENTS.** The Director, within 10 days of receiving an application for a Massage Establishment permit, shall refer the application to the City Department of Building Inspection and the City Fire and Planning Departments. Said departments shall inspect the premises proposed to be operated as a Massage Establishment

and shall make written findings to the Director concerning compliance with codes that they administer.

**SEC. 1809. ISSUANCE OF MASSAGE ESTABLISHMENT OR OUTCALL MASSAGE SERVICE PERMIT.** (a) The Director shall issue a Massage Establishment or Outcall Massage Service permit within 14 days if all requirements described in this Article are met unless the Director finds:

(1) That the applicant has provided materially false documents or testimony; or

(2) That the operation as proposed by the applicant would not comply with all applicable laws including, but not limited to, the City Building, Planning, Housing and Fire Codes or any rule or regulation adopted by the Director pursuant to this Article; or

(3) That the applicant and any other individual who will be directly engaged in the management and operation of the Massage Establishment or Outcall Massage Service has been convicted of any of the following offenses or convicted of an offense outside the State of California that would have constituted any of the following offenses if committed within the State of California:

(i) Any felony; or

(ii) Any misdemeanor sexual battery.

(b) The Director may refuse to issue any Massage Establishment permit in any case where there is reasonable grounds to determine that the Massage Establishment premises will be or are being managed, conducted or maintained in such a manner as to endanger the health or safety of the employees or patrons thereof or to coerce any employee to engage in any illegal conduct.

(c) The Director may issue a Massage Establishment or Massage Outcall Service permit to any individual convicted of a felony if the Director finds that the felony was not

violent, the conviction occurred at least three years prior to the date of the application, and the applicant has no subsequent felony convictions.

**SEC. 1810. ISSUANCE OF MASSAGE PRACTITIONER PERMIT.** (a) The Director shall issue a Massage Practitioner permit within 14 days unless the Director finds:

(1) That the applicant has provided materially false documents or testimony; or

(2) That the applicant has not complied fully with the provisions of this Article; or

(3) That the applicant has been convicted of any of the following offenses or convicted of an offense outside the State of California that would have constituted any of the following offenses if committed within the State of California:

(i) Any felony; or

(ii) Any misdemeanor sexual battery.

(b) The Director may issue a Massage Practitioner permit to any individual convicted of a felony if the Director finds that the felony was not violent, the conviction occurred at least three years prior to the date of the application, and the applicant has no subsequent felony convictions.

**SEC. 1811. TRAINEE PERMIT.** (a) The Director may issue a massage trainee permit to any individual who completes an application as required in Section 1804 of this Article, qualifies for a permit under Section 1810 of this Article, and is currently registered in a Recognized School. Such trainee may practice Massage at a Massage Establishment, but not an Outcall Massage Service, after compliance with Subsections (b) and (c) of this Section. The Director may, upon good cause shown, immediately issue a trainee permit prior to confirmation of the information required in Section 1804 of this Article.

(b) The applicant for a trainee permit must submit a letter from the Recognized School showing that the applicant is currently enrolled in a course of study leading to a degree or certificate of graduation.

(c) The applicant for a trainee permit must submit a letter signed by the owner or director of a Massage Establishment stating the owner's willingness to employ the applicant during the period of time when the applicant is attending the Recognized School.

(d) Such trainee permit shall be valid for a period of three months or until the trainee has completed at least 70 hours of instruction in a Recognized School, whichever occurs first, and shall not be renewable unless the trainee shows good cause for the renewal.

(e) The Director may temporarily waive the requirement of Subsection (b) of this Section if the Director finds that this requirement cannot be complied with due to the unavailability of facilities in the immediate geographic area.

**SEC. 1812. IDENTIFICATION CARD.** The Director shall provide all Massage Practitioners, including trainees, granted a permit with an identification card, for a fee in the amount of the cost of production. The identification card shall contain a photograph of the Massage Practitioner and the Massage Practitioner's first name and permit number. The identification card must be presented to a City Health Inspector upon request at all times during the regular business hours of any Massage Establishment.

**SEC. 1813. REGISTER OF EMPLOYEES.** The operator of a Massage Establishment or Outcall Massage Service must maintain a register of all individuals employed as Massage Practitioners, including trainees, and their permit numbers. Such register shall be available for inspection at all times during regular business hours.

**SEC. 1814. REVOCATION OF MASSAGE ESTABLISHMENT OR OUTCALL MASSAGE SERVICE PERMIT.** (a) The Director may revoke or suspend any Massage Establishment or Outcall Massage Service permit, after a hearing, if the Director finds:

(1) The Permittee has violated any of the provisions of this Article;

(2) Any employee of the Permittee has engaged in any conduct that violates any state or local laws at Permittee's place of business, and the Permittee willfully condoned, permitted or allowed such conduct; or

(b) The Director may also revoke or suspend any Massage Establishment or Outcall Massage Service permit, after a public hearing, if the Director determines by clear and convincing evidence that such business is being managed, conducted or maintained without regard for public health or the health of patrons, customers or employees, or without due regard to proper sanitation and hygiene.

(c) Before any hearing is conducted under this Section, the Director shall provide the Permittee at least 20 days written notice. The notice shall include the time, place and grounds for the hearing. If requested by Permittee, the Director shall make available all documentary evidence against Permittee no later than 15 days prior to the hearing. At the hearing, the Permittee shall be provided an opportunity to refute all evidence against him or her. The Director shall oversee the hearing and issue a ruling within 20 days of its conclusion. The Director's ruling shall be final.

**SEC. 1815. REVOCATION OF MASSAGE PRACTITIONER PERMIT.** (a) The Director may revoke or suspend any Massage Practitioner permit, after a public hearing, if the Director finds:

(1) The Massage Practitioner willfully violated any of the provisions of this Article; or

(2) The Massage Practitioner has been convicted of any felony or misdemeanor sexual battery; or

(3) The Massage Practitioner has provided materially false documents or testimony.

Identification Card.

(b) Before any hearing is conducted under this Section, the Director shall provide the Massage Practitioner at least 20 days written notice. The notice shall include the time, place and grounds for the hearing. If requested by the Massage Practitioner, the Director shall make available all documentary evidence against him or her no later than 15 days prior to the hearing. At the hearing, the Massage Practitioner shall be provided an opportunity to refute all evidence against him or her. The Director shall oversee the hearing and issue a ruling within 20 days of its conclusion. The Director's ruling shall be final.

**SEC. 1816. EMPLOYMENT OF PERSONS UNDER THE AGE OF 18 PROHIBITED.** It shall be unlawful for any Permittee to employ any individual who is not at least 18 years of age.

**SEC. 1817. DISPLAY OF PERMIT.** Every Massage Establishment permit shall be displayed in a conspicuous place within the Massage Establishment so that the permit may be readily seen by individuals entering the premises. Every Outcall Massage Service permit must be made available for inspection at all times while providing massage services.

**SEC. 1818. INSPECTION.** The Director may make an inspection of any Massage Establishment in the City for the purpose of determining that the Massage Establishment is in compliance with the provisions of this Article or for the purpose of providing health and safety information to employees of the Massage Establishment.

**SEC. 1819. MASSAGE ESTABLISHMENT OR OUTCALL MASSAGE SERVICE PERMIT FEE.** Every Permittee shall pay to the Director an annual permit fee. The Director shall set said fee at an amount necessary to cover the costs of enforcement of the provisions of this Article related to Massage Establishment and Outcall Massage Services permits, including, but not limited to, the costs of inspections; provided, however, the fee shall be $10 for any Permittee who is over 60 years in age and does not employ others and whose gross receipts, as defined in the Business Tax, Article 12B, Part III of the City Municipal Code, from

the Massage Establishment operated under the authority of said permit is less than $1,000.00 per year.

**SEC. 1820. MASSAGE PRACTITIONER PERMIT FEE.** Every Massage Practitioner shall pay an annual permit fee. The Director shall set said fee at an amount necessary to cover the costs of enforcement of the provisions of this Article related to Massage Practitioner permits.

**SEC. 1821. TRANSFER OF PERMIT.** No permit shall be transferable except with the written consent of the Director. The Director shall not give such consent unless the transferee meets all of the requirements of this Article.

**SEC. 1822. EMPLOYMENT OF MASSAGE PRACTITIONERS.** It shall be the responsibility of every Permittee for a Massage Establishment or Outcall Massage Service, or the employer of any individual purporting to act as a Massage Practitioner, to ensure that such individual has obtained a permit pursuant to this Article.

**SEC. 1823. EXISTING PERMITS.** All Persons who possess a valid Massage Establishment, Outcall Massage Service, or Massage Practitioner permit on the day this Ordinance takes effect must file for a new permit before the annual renewal date of the existing permit or within 90 days, whichever occurs first. However, until issuance of the new permit, all existing permits are subject to the rules and regulations in effect at the time of the issuance of the permits.

**SEC. 1824. EXCLUSIONS.** This Article shall not apply to any health facility as defined in California Health and Safety Code Section 1250, a non-profit organization, an individual holding an unrevoked certificate to practice the healing arts under the laws of the State of California, an individual working under the direction of any such facility or individual, or a barber or cosmetologist lawfully carrying out his or her profession or business and holding a valid, unrevoked license or certificate of registration issued by the State of California.

**SEC. 1825. RULES AND REGULATIONS.** The Director may make and enforce rules and regulations or issue waivers not in conflict with, but to carry out, the intent of this Article.

**SEC. 1826. VIOLATION AND PENALTY.** (a) Any Person who violates any provision of this Article may, after being provided notice and an opportunity to be heard, be subject to an administrative fine not to exceed $500.00.

(b) Any Permittee who knowingly employs a Massage Practitioner who is not in possession of a valid permit or who allows such a Massage Practitioner to perform, operate, or practice in the Permittee's place of business may, after being provided notice and an opportunity to be heard, be subject to an administrative fine not to exceed $500.00.

(c) Nothing in this Section shall preclude the prosecution of anyone under any of the laws of the State of California.

**SEC 1827. DISCLAIMER.** In regulating massage establishments and massage services as provided in this Article, the City and County of San Francisco is assuming an undertaking only to promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an obligation for breach of which it is liable in money damages to any person who claims that such breach proximately caused injury.

SEC. 1828. SEVERABILITY. If any of the provisions of this Article or the application thereof to any person or circumstance is held invalid, the remainder of this Article, including the application of such part or provisions to persons or circumstances other than those to which it is held invalid, shall not be affected thereby and shall continue in full force and effect. To this end, the provisions of this Article are severable.

APPROVED AS TO FORM:

LOUISE H. RENNE, City Attorney

By: Mario M. Kashou

Mario M. Kashou
Deputy City Attorney

LEGISLATIVE DIGEST
May 24, 1999

FILE NO _____

MASSAGE ESTABLISHMENTS AND MASSAGE SERVICES

AMENDING PART II, CHAPTER VIII OF THE SAN FRANCISCO MUNICIPAL CODE (POLICE CODE) BY REPEALING ARTICLE 27, SECTIONS 2700 TO 2737, INCLUSIVE, AUTHORIZING THE CHIEF OF POLICE TO REGULATE MASSAGE ESTABLISHMENTS AND MASSAGE SERVICES; AND AMENDING PART II, CHAPTER V, OF THE SAN FRANCISCO MUNICIPAL CODE (HEALTH CODE) BY ADDING ARTICLE 28, SECTIONS 1800 TO 1828, INCLUSIVE, AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH TO REGULATE MASSAGE ESTABLISHMENTS AND MASSAGE SERVICES, SETTING NEW CRITERIA FOR THE ISSUANCE AND REVOCATION OF MASSAGE PERMITS, CHANGING CERTAIN OPERATING REQUIREMENTS OF MASSAGE ESTABLISHMENTS, SETTING NEW PENALTIES FOR VIOLATION OF MASSAGE PROVISIONS, AND CONTINUING AN APPLICATION FEE, AN IDENTIFICATION CARD FEE AND A PERMIT FEE.

This legislation transfers responsibility for the enforcement of City regulations of massage establishments and massage services from the Police Department to the Department of Public Health. In accordance with this transfer of responsibility, the Ordinance moves the regulations from the Police Code to the Health Code. In addition, the legislation accomplishes the following changes to existing law:

| Subject Matter | Current Provisions of Police Code | Proposed Provisions of Health Code |
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| Massage establishments requiring permits | All for profit massage establishments must apply for a permit. (§2701) | All for profit and non-profit establishments must apply for a permit. (§1801) |
| Massage practitioners requiring permits | All massage practitioners must apply for a permit. (§2705) | Same. (§1803) |
| Application for massage establishment permit | An applicant for a permit to operate a massage establishment must provide, under penalty of perjury, the following information:<br><br>(1) the exact nature of the massage services to be administered; | An applicant for a permit to operate a massage establishment must provide, under penalty of perjury, the following information:<br><br>(1) the exact nature of the massage services to be administered; |



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| | (2) the address of the proposed place of business and facilities;<br><br>(3) any name and address of each applicant;<br><br>(4) the massage or similar business license history of the applicant;<br><br>(5) any criminal convictions except minor traffic violations;<br><br>(6) written proof that the applicant is at least 18 years of age;<br><br>(7) two portrait photographs at least $2^2$ x $2^2$;<br><br>(8) the business, occupation, or employment of the applicant for the three years immediately preceding the date of application;<br><br>(9) the applicant's height, weight, color of eyes and hair;<br><br>(10) the two previous addresses immediately prior to the present address of the applicant;<br><br>(11) a diploma or certificate of graduation from a recognized school or other institution of learning wherein the method, profession and work of massage is taught, provided, however, that if the applicant will have no physical contact with his customer or clients he need not possess such diploma or certificate; and<br><br>(12) such other | (2) the address of the proposed place of business and facilities;<br><br>(3) any name and address of each applicant;<br><br>(4) the massage or similar business license history of the applicant;<br><br>(5) any felony convictions or misdemeanor sexual battery convictions;<br><br>(6) the number of individuals to be employed; and<br><br>(7) any other information required by the Director of Public Health, including, but not limited to, information related to the health, hygiene and sanitation of the premises. (§1802) |

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| | identification and information necessary to discover the truth of the matters hereinbefore specified as required to be set forth in the application. (§2703)<br><br>The Chief of Police has the authority to take fingerprints and additional photographs and to verify an applicant's height and weight. (§2703)<br><br>Certain corporate applicants are exempted from providing the information in 5, 6, 7, 9 and 10 above. (§2704) | |
| Application fee for massage establishment permit | Set at an amount necessary to cover the costs of processing the application. (§§2702 and 2.2) | Same. (§1802) |
| Application for massage practitioner permit | An applicant for a permit to practice massage must provide, under penalty of perjury, the following information:<br><br>(1) name and residence address;<br><br>(2) social security number and driver's license number, if any;<br><br>(3) written proof that the applicant is at least 18 years of age;<br><br>(4) the name and address of the massage school attended, the dates attended, and a copy of the diploma or certificate of graduation;<br><br>(5) all criminal convictions except minor traffic violations; | An applicant for a permit to practice massage must provide, under penalty of perjury, the following information:<br><br>(1) name and residence address;<br><br>(2) social security number and driver's license number, if any;<br><br>(3) written proof that the applicant is at least 18 years of age;<br><br>(4) the name and address of the massage school attended, the dates attended, and a copy of the diploma or certificate of graduation;<br><br>(5) all felony convictions or misdemeanor sexual battery convictions; and |



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| | (6) the business, occupation, or employment of the applicant for the three years immediately preceding the date of application; and<br><br>(7) applicant's weight, height, color of hair and eyes. (§2707)<br><br>The Chief of Police has the authority to take fingerprints and additional photographs and to verify an applicant's height and weight. (§2703) | (6) any other information required by the Director of Public Health, including, but not limited to, information related to the health, hygiene and sanitation of the premises. (§1804) |
| Application fee for massage practitioner permit | Set at an amount necessary to cover the costs of processing the application. (§§2.2 and 2705) | Same. (§1804) |
| Hearing on permit applications | Public hearings required for all permits. (§2711) | The Director of Public Health has discretion to set hearings, public or private. (§1807) |
| Issuance of massage establishment permit | The Chief of Police may issue a massage establishment permit within 14 days following a hearing unless the Chief finds:<br><br>(1) The establishment as proposed would not comply with all applicable laws; or<br><br>(2) The applicant has been convicted of a violent crime that amounts to a felony, a crime involving sexual misconduct with children, or a prostitution-related crime.<br><br>The Chief may issue a permit to any person convicted of any of the crimes in (2) above if the crime occurred five years prior to the date of the application and the | The Director of Public Health must issue a massage establishment permit within 14 days following a hearing unless the Director finds:<br><br>(1) The establishment as proposed would not comply with all applicable laws;<br><br>(2) The applicant has been convicted of a any felony or any misdemeanor sexual battery; or<br><br>(3) The applicant has provided materially false documents or testimony.<br><br>The Director may issue a permit to any person convicted of a felony if the crime occurred three prior to the date of the |

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| | applicant was not subsequently convicted of a felony or one of the crimes in (2) above. (§2713) | application and the applicant was not subsequently convicted of a felony. (§1809) |
| Issuance of massage practitioner permit | The Chief of Police may issue a massage practitioner permit within 21 days following a hearing unless the Chief finds:<br><br>(1) The applicant has been convicted of a violent crime that amounts to a felony, a crime involving sexual misconduct with children, or a prostitution-related crime.<br><br>The Chief may issue a permit to any person convicted of any of the crimes above if the crime occurred five years prior to the date of the application and the applicant was not subsequently convicted of a felony or one of the crimes above. (§2714) | The Director of Public Health must issue a massage practitioner permit within 14 days following a hearing unless the Director finds:<br><br>(1) The applicant has not fully complied with the provisions of this Article;<br><br>(2) The applicant has provided materially false documents or testimony; or<br><br>(3) The applicant has been convicted of any felony or any misdemeanor sexual battery.<br><br>The Director may issue a permit to any person convicted of a felony if the crime occurred three prior to the date of the application and the applicant was not subsequently convicted of a felony. (§1810) |
| Revocation or suspension of massage establishment permit | The Chief of Police may revoke or suspend any massage establishment permit, after a hearing, if the Chief finds:<br><br>(1) The permit holder has violated any of the provisions of this Article;<br><br>(2) An employee of the establishment has violated any state or local law and the permit holder either knew of the violation or should have known of the violation; | The Director of Public Health may revoke or suspend any massage practitioner permit, after a hearing, if the Director finds:<br><br>(1) The permit holder has violated any of the provisions of this Article;<br><br>(2) An employee of the establishment has violated any state or local law and the permit holder willfully allowed the violation; or |



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| | (3) The Director of Public Health determines that the establishment is being operated without regard for the public health; or<br><br>(4) The permit holder refuses to allow any Police or Health inspector inside the establishment. (§2720) | (3) The Director determines by clear and convincing evidence that the establishment is being operated without regard for the public health. (§1814) |
| Revocation or suspension of massage practitioner permit | The Chief of Police may revoke or suspend any massage practitioner permit, after a public hearing, if the Chief finds:<br><br>(1) The permit holder violated any of the provisions of this Article;<br><br>(2) The permit holder has been convicted of a crime requiring registration as a sex offender; or<br><br>(3) The permit holder has violated certain prostitution-related laws. (§2721) | The Director of Public Health may revoke or suspend any massage practitioner permit, after a public hearing, if the Director finds:<br><br>(1) The permit holder willfully violated any of the provisions of this Article;<br><br>(2) The permit holder has been convicted of any felony or misdemeanor sexual battery; or<br><br>(3) The applicant has provided materially false documents or testimony. (§1815) |
| Advertising by massage establishments | No massage establishment may display any advertising matter that depicts any portion of the human body that would reasonably suggest to prospective patrons that any service is available other than massage. (§2709(f)) | Not addressed. |
| Outcall massage service at hotel or motel | Any person intending to provide massage services at a hotel or motel must first so notify the hotel or motel owner. (§2709(g)) | Not addressed. |
| Locking doors | No massage services may be carried out in any room with a door capable of being locked. (§2709(h)) | Not addressed. |

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| Inspections | The Police Department and the Department of Public Health must inspect each massage establishment at least twice a year for the purpose of determining that the establishment is in compliance with the provisions of this Article. (§2727) | The Director of Public Health may inspect any massage establishment for the purpose of determining that the establishment is in compliance with the provisions of this Article or for the purpose of providing health and safety information to establishment employees. (§1818) |
| Penalties | Any person who violates any provision of this Article shall be guilty of a misdemeanor.<br><br>Any owner or operator of a massage establishment who knowingly employs a massage practitioner who does not have a valid massage practitioner permit shall be guilty of a misdemeanor. (§2736) | Any person who violates any provision of this Article shall be subject to an administrative fine not to exceed $500.00.<br><br>Any owner or operator of a massage establishment who knowingly employs a massage practitioner who does not have a valid massage practitioner permit shall be subject to an administrative fine not to exceed $500.00. (§1826) |



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7.7.99 SF Examiner

# Massage in S.F. becomes health, not police, issue

## Supervisors to have final say on less restrictive licensing requirements

By Ulysses Torassa
EXAMINER MEDICAL WRITER

Fingerprinting, skills testing and restrictions on prostitution arrests appear to be going by the wayside at San Francisco's massage parlors.

The Health Commission on Tuesday put its stamp of approval on the idea of transferring the responsibility for licensing massage parlors, out-call massage services and individual massage therapists from the Police Department to the public Health Department. The measure is before the Board of Supervisors, which is expected to hold committee hearings later this summer.

Among other things, it would eliminate the requirement that people applying for a permit to practice massage disclose all criminal convictions. As it stands, the Police Department turns down applicants who had a prostitution-related conviction in the past five years.

The idea is to move the focus of massage regulation from the criminal realm to that of health, said Jeff Klausner, director of sexually transmitted disease services for the Health Department.

"The key for us is that we'll be able to focus on the health and environmental safety of the massage parlors and workers and allow them to enjoy a safer working environment," he said.

Nothing in the proposed change would hinder the police from enforcing narcotics, prostitution and other laws at massage parlors, Klausner said.

The Health Department expects to come up with more detailed rules governing massage establishments and practitioners after the legislation passes. Among the challenges will be finding a way to address the needs of massage therapists — a growing field aimed at health and stress-reduction — and the old-style sex-for-hire masseuses.

The resulting regulations could end up reinstating some of the current requirements, such as fingerprinting or a written test, Klausner said. They could also end up being tougher than what is currently on the books.

The legislation being considered would continue to require people applying for permits provide proof of age and a diploma from a massage program or school of massage. However, there have been complaints of diploma mills that sell unqualified people certificates in order for them to meet the requirements.

As it stands, there are 81 massage establishments and 80 massage call services licensed in San Francisco.

V. Roy Lefcourt, an attorney representing 13 massage parlors, said the legislation is long overdue.

"It's always been troubling to me that there is no expertise in the Police Department for running or being in charge of the massage industry," he said. "It's a very chilling situation, where you feel like you must be doing something wrong if you have to check in with the Police Department."

Still, the department is acknowledging that sex-for-hire is going on at many establishments, which is why the Health Department's sexually transmitted diseases branch will be heavily involved if the legislation passes.

"There is general community awareness that this is a common activity," Klausner said. "We are interested in applying the concept of harm reduction — trying to educate and inform individuals to practice behavior that may result in less transmission of STDs."

Connie Buckle, proprietor of the Finishing Touch, an out-call service based at the Hotel Monaco, said she opposes the legislation because she resents being lumped in with what are essentially brothels masquerading as massage establishments. Her service gives strictly non-sexual, therapeutic massages.

Buckle said she fears the Health Department will take a hands-off approach to the criminal activity in massage parlors. She also wants much tighter restrictions, including requiring more hours of training and eliminating the temporary permits granted to "trainees."

"With these poor little girls from Asia, being forced into prostitution, that's wrong," she said.

# Memorandum

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June 17, 1999

To: Sex Venues Forum Task Force

From: Kevin Roe
Process Evaluation Team

**Re: Observations on the Sex Venues Forum: 6/3/99**

The Sex Venues Forum is over and it is time to reflect back on the event. The Process Evaluation Team offers these observations and recommendations for future community forums.

**Successes**

- **The HPPC Has a Community Forum!** Pat yourselves on the back for conducting a community forum, something the Council has desired to hold for some time and was listed in the Goals and Objectives section of the '98 CDC Cooperative Agreement. Tested by fire (bathhouses are a hot potato), the Task Force delivered a lively meeting and the Council gained invaluable experience for its next forum.

- **Pre-meeting Packet.** A big round of applause to Kate for assembling an informative and useful pre-meeting packet, organized and presented in a simple, direct way! It provided both historical perspective and a foundation for the position statements made at the meeting. The only suggestion for future packets: be firm with deadlines for materials - if individuals don't make it (and subsequently hold up distribution), that's too bad.

- **Position Statements.** Overall they were interesting and allowed participants to state their positions along with any supportive data. Dr. Woods' presentation was informative and thought-provoking, and easily understood. Throughout all, the Council seemed to be listening and was more responsive than it usually is during presentations.

- **Sign Language Interpreter.** In four years of observing the HPPC this is the first time we recall sign language interpretation at a meeting. This is a big step towards the goal of inclusion of all affected and infected communities. For future community forums this is a must and requires early attention in pre-meeting planning.

**Challenges**

- **Always, always, always have a parliamentarian present when there are potential votes.** A lesson learned in light of the interpretation, after the forum, of the vote, and the concerns from the last Council meeting over the placement and discussion of the revote. A commitment must be made to have a parliamentarian for all functions involving a vote, and to be realistic, have plans for a back-up if the identified person is ill or can't otherwise attend. Another option would be to fully train interested Council members in Robert's Rules to provide in house support.

- **Facilitation.** Sister Marymae did an incredible job of providing strong, neutral facilitation during the evening, not aligning himself with either position and modeling uninvolved moderation. Unfortunately, Mr. Ludwig of the Community Dialogue Project did not! During public comment he was clearly caught up in the passion of the speakers, visibly shaking his head in agreement and smiling broadly as the comments became increasingly impassioned. His rephrasing of points, at times, felt like goading the Council to vote a certain way (in favor of a motion to rescind). His comment about the community having spoken was inappropriate given that community attendance hovered around 70 individuals. While facilitators can have their own beliefs on matters they should be kept in the background and impartiality presented, as was the case with Sister Marymae. Our lessons learned here are: 1) engage facilitators that are experienced in the dynamics of community planning and community organizing, and with a track record to go by. The consequences of poor facilitation are too important to be left to chance or learning on the HPPC's time. 2) develop trust in our own members more readily. I will be the first to admit that I was unsure of Marymae's abilities, but in hindsight recognize those abilities as apt and sure.

- **Council engagement with one another.** One of the most unsettling aspects of the evening was watching members attack their own with assumptions and innuendo. We saw the worst and best of the Council in this regard. We saw members make assumptions and attacks regarding attendance and motivations for tabling the vote; we saw members give their own reasoning and constructive alternatives for voting that did not question their colleagues motivations or integrity. There was even misinformation given out over how long the Council had the preparatory information, and the size of the Council. At times, some Council members disregarded their own engagement principles shown on the overhead screen. This behavior is a disservice to the issue, sacrificing deliberative thought to the loudest voice, and an insult to fellow Council members.

- **Council participation in Forum planning.** This was a big undertaking carried out by a few dedicated individuals. The Council owes many kudos to those that helped pull it off: members of the Task Force (Marymae, Mazdak, and River and his kids deserving extra-credit for their hard work), the Prevention Section Staff (what would we have done without Kate) for pulling together the logistical specifics and support documents, and the support consultants for stepping outside their normal job descriptions to assist in planning, set-up, and tear-down. What was missing was more support from the Council and the Community Co-Chairs, voiced by members of the Task Force. If the Council wants to hold more of these functions there needs to be increased support throughout the process from Council members, or allocation of funds for logistical/event planning in future logistics contracts. The job should not fall on the hands of just a few Council members.

**Other Observations**

- **No more auditoriums.** Unfortunately, given the date and time Mission High was the only choice. Future forums should be held in a more accessible and inviting space (such as a gymnasium or other non-stage venue), where the Council can interact with the Community. Having the Council separated from the audience created an odd dynamic, not to mention members having to look into stage lights rather than community faces.

- **TA and/or Process Support Seated by Facilitator.** In talks with Sister Marymae after the event we both agreed that TA and/or Process support (and the parliamentarian!!!) should be up front with the facilitator, or in the first row of seats

at arms reach to offer support and consultation throughout the event. As it was, Marymae had to ask for help from the stage, not knowing where the support crew had gone (easy to lose sight of people when you are on a stage facing flood lights). Unnecessary, given the support present.

- **Too fast.** Something often apparent in the planning was the rush to get this Forum done. In lieu of the amount of planning required (finding a space, facilitator, pre-meeting packets, sign language interpreter, media, etc.) planning for the next forum in October should begin now. Better start early than rush again.

- **Use of Proxy Voting.** Last, but certainly not least. The Council voted to disregard the Brown Act and allow proxy voting for HIV+ members as a way to increase their continued participation. One reason to delay the vote on the bathhouse issue until the next HPPC meeting would have been to allow the use of proxy votes by HIV+ members who were unable to attend the Forum due to health reasons. Delaying the vote could have provided them the time to review the transcripts and assign their proxy vote for use at the subsequent HPPC meeting, if they so wished. In fact, there were two such members who may have been absent for such reasons. This policy should not be overlooked, lest it appear hollow.

As always, we offer these observations in the spirit of parity, inclusion, and representation and hope you find them helpful. If you have any questions please feel free to contact either Kathleen (925-944-0570) or myself (415-929-8225).

DRAFT==========

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Date of approval for letter

HPPC

DPH

Dear Dr. Katz:

As a Centers for Disease Control and Prevention mandated advisory body to the Department of Public Health on issues of HIV Prevention, the HIV Prevention Planning Council (HPPC) purview is to set priorities for funding allocations and to consider recommendations for HIV prevention policy.

On June 10, 1999, the HPPC passed a motion which states "that the HPPC recommend to the Department of Public Health that unless clear and compelling evidence exists to demonstrate that private spaces in public commercial sex environments increase the rate of HIV transmission that DPH rescind the current policy that prohibits private spaces in commercial sex establishments." The vote on the motion was 9 for, 6 against, and 1 abstention. The HPPC, therefore, is recommending that you, as the Public Health Director of the Department of Public Health, rescind the policy prohibiting private spaces in commercial sex establishments as there is currently no clear and compelling evidence that the policy reduces HIV transmission. A response to this recommendation would be appreciated.

The HPPC recognizes that issues related to HIV prevention in commercial sex environments are complex. We will continue to consider the availability and promotion of HIV prevention in commercial sex establishments and may support further research or develop recommendations for effective HIV prevention in these venues.

Sincerely,

| | | |
|---|---|---|
| A. Toni Young | Dredge Byung'chu Kang | Larry Meredith |
| Community Co-Chair | Community Co-Chair | DPH Co-Chair |

cc: Health Commission

DRAFT==========

Date of approval for letter/press release

HPPC

As a Centers for Disease Control and Prevention mandated advisory body to the Department of Public Health on issues of HIV Prevention, the HPPC purview is to set priorities for funding allocations and to consider recommendations for HIV prevention policy.

On June 10, 1999, the HPPC passed a motion which states "that the HPPC recommend to the Department of Public Health that unless clear and compelling evidence exists to demonstrate that private spaces in public commercial sex environments increase the rate of HIV transmission that DPH rescind the current policy that prohibits private spaces in commercial sex establishments." The vote on the motion was 9 for, 6 against, and 1 abstention.

The HPPC recognizes that issues related to private spaces in commercial sex environments are complex. The motion supported and passed by the HPPC simply states our position regarding the policy as it applies to HIV prevention concerns. This recommendation has been communicated to the Health Commission and Dr. Mitch Katz, Public Health Director of the Department of Public Health, who has ultimate authority on the policy.

The motion and our deliberations have never included an endorsement for reopening bathhouses or an endorsement for a ballot initiative about private spaces in commercial sex establishments or bathhouses. Indeed, many have inappropriately connected the structural intervention of regulating private spaces in commercial sex environments (the issue the HPPC has been deliberating) and the issue of re-opening the bathhouses in San Francisco.

Finally, the HPPC affirms that the HIV/AIDS pandemic is not over despite advances in treatment and prevention. Therefore, the HPPC will continue to consider issues related to HIV prevention in commercial sex establishments and may support further research or develop recommendations for effective HIV prevention in these venues. The HPPC remains firmly committed to preventing new HIV infections and addressing the complex issues affecting HIV transmission in San Francisco.

Sincerely,

| | | |
|---|---|---|
| A. Toni Young | Dredge Byung'chu Kang | Larry Meredith |
| Community Co-Chair | Community Co-Chair | DPH Co-Chair |

## The Parking Lot

*he co-chairs and steering committee continue to seek new ways to ensure that the HPPC process is ccessible to all members. From now on technical support will be tracking new agenda items, requests for formation, and other questions raised by members to ensure that they are brought to the attention of the teering committee for scheduling on a future agenda. To facilitate this process HPPC members will be sked to be as specific as possible when requesting items be placed on a future agenda, particularly as to ow the agenda relates to the work of the HPPC. The steering committee will use the list to prioritize future resentations. (ITALICIZED COMMENTS ARE WORK UPDATES ON THE ISSUE)*

/10 Meeting

Presentation from Susan Buchbinder on her research – or at least status of her research.

Need ad-hoc cmtee or mtg to discuss plans for $100K in women's $$ and to release these funds. *COMPLETED – committee met and set priorities – funds are now amended into contracts.*

/24 Meeting

Update on or distribution of mayor's summit guidance to council

0/8 Meeting

Discuss African Immigrants – need additional data collection on their needs – *NEED ADDITIONAL INFORMATION.*

Need general presentation on sero-epi – what is collected – *This work is ongoing in the prioritization committee, in addition Sandy Schwartz presented at the June Meeting on the detuned assay. On list for steering to have general presentation.*

Need process eval presentation on respectful use of dialogue boxes – *COMPLETED at November Meeting*

Need discussion on how to work more closely with CARE council – *cochairs are in discussion with not only the CARE Council but also with the Treatment on Demand, Mental Hlth, and other related groups through the joint council committee. Once some decisions are made a discussion can be had first at Steering then at the full HPPC level about how the groups will coordinate their work better.*

/29 Mtg

Add New business line to agenda – *COMPLETED each agenda has a new business item.*

Bylaws to steering – report back in August – *Steering is planning to bring a number of changes to the bylaws back to the full HPPC in August.*

Do units of service (used in contracting) match the interventions in the Plan? – *this work was to be led by technical support consultants in April and May, unfortunately those consultant hours had to be used to support the Community Forum development. This work will now be addressed in 2000, as the HPPC works to rewrite its plan.*

/11 Mtg

Request update on primary prevention for HIV+ - *COMPLETED - addressed monthly in Prevention Director's Reports.*

- Will HPPC members be able to attend summit (outside co-chairs) – *COMPLETED, members were asked to express interest in attending the summit – three volunteered and spaces were made for two of those members to attend.*
- What happened to media portion of CSAS joint funding application?

3/11 Mtg

- Report on Speed study to HPPC needed – *Steering will seek out time on agenda for this report.*
- Reduction in number of meetings – *COMPLETED, HPPC now has one monthly meeting.*
- Private spaces in public sex environments. – *COMPLETED, HPPC held community forum in June, and voted on the issue, letter will be reviewed in July and then sent to the appropriate people at the HD and Health Commission.*

5/13 Mtg

- Request that the AED Document to orient community planning participants to community planning be distributed to all HPPC members. – *COMPLETED Sent out with premeeting packets for July meeting and used to frame CDC Cooperative Agreement Discussion.*

5/10 Mtg

- Discussion – HIV does not cause AIDS? –
- Update on the DuPont Funding – *COMPLETED – July Prevention Director's Report.*

## The Parking Lot

The co-chairs and steering committee continue to seek new ways to ensure that the HPPC process is accessible to all members. From now on technical support will be tracking new agenda items, requests for information, and other questions raised by members to ensure that they are brought to the attention of the steering committee for scheduling on a future agenda. To facilitate this process HPPC members will be asked to be as specific as possible when requesting items be placed on a future agenda, particularly as to how the agenda relates to the work of the HPPC.The steering committee will use the list to prioritize future presentations.

9/10 Meeting

- Presentation from Susan Buchbinder on her research – or at least status
- Need ad-hoc cmtee or mtg to discuss plans for $100K in women's $$

9/24 Meeting

- Update on or distribution of mayor's summit guidance to council

10/8 Meeting

- Discuss African Immigrants – need additional data collection on their needs
- Need general presentation on sero-epi – what is collected
- Need process eval presentation on respectful use of dialogue boxes
- Need discussion on how to work more closely with CARE council
- On women's RFP – need to take into account self esteem

1/29 Mtg

- Add New business line to agenda
- Bylaws to steering – report back in August
- Do units of service (used in contracting) match the interventions in the Plan?

2/11 Mtg

- Request update on primary prevention for HIV+
- Will HPPC members be able to attend summit (outside co-chairs)
- What happened to media portion of CSAS joint funding application?

3/11 Mtg

- Report on Speed study to HPPC needed.
- Reduction in number of meetings.
- Private spaces in public sex environments.

DOCUMENTS DEPT.

AUG 2 3 1999

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6/10 Mtg

- Discussion – HIV does not cause AIDS?
- Update on the DuPont Funding
- Formalizing relationship with CARE Council.

DOCUMENTS DEPT.

AUG 2 3 1999

SAN FRANCISCO
PUBLIC LIBRARY

12
3
8/99

| Members Present: | Members Absent: | Guests: |
|---|---|---|
| Marcos Bañales | Manny DaCalanio | Leonel Angeles, Filipino Task Force on AIDS |
| Joan Benoit | Brenda Escobar | Bill Barnes, SF Mayors Office |
| Michael Bogan | Sister MaryMae Himm | Ken Bell, CDC |
| Carla Clynes | Dave Hubbard | Bill Bourdon, SF Mayor's Office |
| Michael Discepola | Jaron Kanegson | Crystal Catamco, API Wellness Center |
| Lyn Fischer-Ponce | Stephen King | Steve Gibson, Stop AIDS Project |
| Dredge Byung'chu Kang | Melinda Martin | Tamika Gonzales, API Wellness Center |
| Jennifer Lorvick | Lauren Michaels | Victor Hall, Filipino Task Force on AIDS |
| Byron Mason | Dawn Passar | Bill Johnson, Tom Waddell Clinic |
| Mazdak Mazarei | | Cynthia Laird, BAR |
| Willi McFarland | **Parliamentarian:** | David Pasquarelli, ACT UP! |
| Larry Meredith | Tony Leone | Michael Petrelis, AIDS Accountability Project |
| John Newmeyer | | Tate Swindell, ACT UP! |
| Shawn O'Hearn | **DPH/AIDS Office Staff:** | Martha Ugarte-Ortiz, Westside- WHPP |
| Tracey Packer | Elizabeth Davis | Hank Wilson, ACT UP! |
| J. Colin Partridge | Delia Garcia | Rebeka Wawryszuk, IRIS Center |
| María Rinaldi | Gigi Gregory | Joe Wright, SFDPH - HIV Research Section |
| Father River Sims | Kate McLaughlin | |
| John Blake West | Peter Twyman | **Process Evaluation Team:** |
| A. Toni Young | | Wendy Hussey |
| | **Harder + Co.** | Kathleen Roe |
| **Polaris R & D, Inc.** | Kristin duBay Horton | Kevin Roe |
| Marin Trujillo | Michael DeMayo | Yumary Ruiz |

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**1) Food, Welcome, Introductions, Announcements**

**2) Review and approval of minutes from 6/10/99**

Council members had not yet received the minutes of the 6/10/99 meeting; therefore approval will be postponed to the 8/12/99 meeting.

**3) General Public Comment**

*Joe Wright, from the HIV Education Section*

Mr. Wright stated that the HIV Education Section had visited the Council last year to discuss several studies on counseling and an HIV vaccine trial. He then distributed a report on condom failure, conducted by the HIV Education Section. The report indicated how often gay men used condoms and how often the condoms failed. Data indicate that there is a decrease in condom failures from the 1980's. However, data also indicate that gay men who have a high socioeconomic standing have less condom failure, as opposed to gay men who have a low socioeconomic standing. Also men who use water-based lubes have less condom failure. The report also indicated an increase in condom failure for men that use alcohol or meth-amphetamines.

*Crystal Catamco, API Wellness Center*

Ms. Catamco introduced Mr. Gonzales to the HPPC as the newest addition to the API Community Wellness Center's - Transgender Program. Mr. Gonzales will be serving the community as a Transgender Education Specialist.

*Dave Pasquarelli, ACT UP! San Francisco*
Invited members of the Council to attend ACT UP!'s "Question HIV" (every 1st and 3rd Sunday, 3:00 to 5:00 p.m.) and the regular ACT UP! meeting that takes place every Monday at 7:30 p.m. at: 1884 Market Street, San Francisco.

*Bill Barnes, San Francisco Mayor's Office*
Mr. Barnes first expressed his sadness over the death of HPPC member, Jeff Poltl. He remembered Jeff as someone who always reminded people he met that AIDS could and did infect young gay men. Mr. Barnes gave an update on the DuPont Partnership process. Currently the Mayor's office has secured one million dollars from DuPont, and the Mayor and DuPont are currently lobbying other organizations for additional contributions. Until the Mayor and DuPont can secure more funds there will be no discussion on how the money will be allocated. Mr. Barnes distributed a letter dated June 29, 1999, inviting members to a field hearing of the Senate Appropriations Committee to be held at the SF Board of Supervisor's Chambers about the procreation of Federal HIV funding (scheduled for 7/9/99, 7:00 to 11:30 a.m.) He advised those interested in attending to contact him as soon as possible since space was limited.

María Rinaldi asked why the community had to wait on the Mayor to find private funds to match the one million dollars. Mr. Barnes explained that the one million dollars would have to go through the city process. At this time Toni Young asked Mr. Barnes if it was possible for the Mayor's Office to report to the HPPC on all the work related to HIV that the Mayor's office is currently working on. Mr. Barnes noted that it was a possibility and asked that he and Toni discuss the format the HPPC wanted for a report from the Mayor's office.

Michael Discepola was opposed to having a body of four, as proposed by the Mayor, to decide the allocation and appropriation of that funding. He felt the HPPC already existed, and its services and the HIV Plan needed to be used. Mr. Barnes indicated that there would be more than four people as part of the process.

*Tate Swidell, ACT UP! San Francisco*
Mr. Swidell, warned the HPPC Council that the current HIV antibody test was misleading, since the presence of antibodies, was not an adequate element to use for identifying HIV. Mr. Swidell stated that pregnant women and people who take certain medications carry antibodies at certain times. Such persons, if tested with the current HIV test, would be misdiagnosed, exposing them to dangerous and poisonous HIV treatments.

*Michael Petrellis, from the AIDS Accountability Project*
Mr. Petrellis distributed flyers regarding an alleged forged letter written by someone pretending to be Dr. Katz and an editorial article pertaining to "barebacking" from Bay Windows, July 1, 1999 edition.

At this time Willi McFarland introduced the issue of a letter of support from the HPPC, for inclusion in the CDC grant application. He explained that the AO and UCSF have decided to apply in a joint effort to the CDC on behalf of the City, to examine if and how the HPPC Council

uses behavioral data and how to increase accessibility to behavioral data for decision-making. He explained that this would be very helpful for populations that have no infection rates listed and this grant would help the Council address this issue through the work of the priority setting committee and the creation of the new epi profile. Toni Young asked that a draft letter of support be supplied to the Co-chairs for review.

*Michael Discepola motioned that the HPPC give a letter of support to the DPH/UCSF for inclusion in the CDC application. Colin Partridge seconded the motion.*

**Public Comment/Questions for Letter of Support for the CDC Application.**
David Pasquarelli expressed his concern that the grant would again scrutinize and analyze gay men only. He asked for clarification as to whether the study would look at other San Francisco populations. At this time Willi McFarland explained that the grant would look at a wide variety of San Francisco populations, inclusive of, but not limited to, gay men.

Mike Petrelis expressed his position that the HPPC should not support a letter of recommendation for the new CDC grant application until the Council had time to review the annual STD report for 1998. Jeffrey Klausner, of the STD Control and Prevention Section, indicated once again that the release date of the STD report was not yet known. Mr. Patrellis reiterated his position on the need for the Council to review the STD report before voting on the letter of support. Lyn Fischer-Ponce agreed to look into the matter and report back to the Council on her findings concerning the STD report.

With the above comments noted the Council continued with the motion on the table to vote for a letter of support for the CDC agreement. The motion passed with:

In favor: 12
Opposed: 1
Abstained: 4

| Member | In Favor | Opposed | Abstained | Absent | Not Present |
|---|---|---|---|---|---|
| Marcos Bañales | X | | | | |
| Joan Benoit | X | | | | |
| Michael Bogan | | | X | | |
| Carla Clynes | X | | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | X | | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | | X | | | |
| Sister MaryMae Himm | | | | X | |
| Dave Hubbard | | | | X | |
| Jaron Kanegson | | | | X | |
| Dredge Byung'chu Kang | | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | X | | | | |
| Melinda Martin | | | | X | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | X | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Willi McFarland | | | | | |
| Larry Meredith | X | | | | |
| Lauren Michaels | | | | X | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | | | X | | |
| Tracey Packer | | | | | |
| J. Colin Partridge | | | X | | |
| Dawn Passar | | | | X | |
| María Rinaldi | | | X | | |
| Father River Sims | X | | | | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |
| TOTALS | 12 | 1 | 4 | 9 | |

**4) New Business/Council Member Agenda Input**
None stated.

**5) Co-chairs Report**
Toni Young informed the Council that two reports were being distributed. The first is from the HPPC Co-chairs and the second from the HIV Prevention Director.

Larry Meredith quickly reviewed the content of his report which, contained information on the Primary Prevention for HIV Positive Individuals Demonstration Project, Intervention for Speed Users/Speed Intervention Evaluation Study. Mr. Meredith also informed the Council that Tracey Packer would be on maternity leave until the end of the year. Tracey Packer was presented with a bouquet of flowers and a plaque honoring her dedication to the prevention of HIV in San Francisco.

**6) Introduction and Review of the Parking Lot**
Kristin duBay Horton informed the Council that technical support would be responsible for the maintenance of a roster of all items raised in the New Business category for Council discussion. The intent of the roster will be to help the Co-chairs during the development of meeting agenda's and to avoid exclusion of any issue raised by Council members. (Please review attachment for complete list of items and their status.)

**7) The CDC Cooperative Agreement Process**
Kristin duBay Horton and Tracey Packer presented members with an overview on what the Cooperative Agreement is and how it affects the HPPC. Members will receive future presentations on the Cooperative Agreement. Due to its complexity, it was decided to tier it, in order to help members digest the information. Tracey Packer explained the Cooperative Agreement application is the tool used to petition funds from the CDC for San Francisco. Currently San Francisco receives 8.7 million dollars a year. She explained that there were several parts in the Cooperative Agreement: community planning, how to reach CDC core objectives, program priorities and development of the budget.

Kristin explained that the CDC requires that the Cooperative Agreement provide updates on all prevention activities, such as outreach and counseling. The CDC also requires that the Health

Department convene a community-planning group, (HPPC), which must work with the AIDS Prevention Section of the DPH to write an HIV Prevention Plan. When the DPH writes the Cooperative Agreement Application, it is the HPPC's duty to review that all proposed interventions and objectives match the priorities of the HIV Prevention Plan. The Council then awards a letter of support, or concurrence, stating that the Cooperative Agreement is in accordance with the HIV Prevention Plan, which is a very important part of the community process.

Tracey explained that this year, in order to improve the CDC Cooperative Agreement process, an ad-hoc committee would be formed. The ad-hoc committee will provide interested HPPC members with an opportunity to participate in the review and development of the Cooperative agreement prior to the final HPPC review and vote. The Council will receive the application draft at the 8/12/99 HPPC meeting and a discussion and vote will take place at the 9/9/99 meeting. At this time Kristin noted that the ad-hoc committee would meet once on Thursday, August 26, from 3 p.m. to 6 p.m. Copies of the guidance (for the agreement) were distributed for members to review. Kristin asked that anyone interested in participating sign-up with her.

María offered a point of clarification regarding the letter of concurrence. She noted that the other possibility is a letter of non-concurrence. She explained that a letter of non-concurrence did not necessarily mean that San Francisco would not receive funding, but rather that the CDC would require a plan from the Health Department addressing the differences. Tracey added that this was the case in the past were the HPPC voted for a letter of concurrence with a notable mention of concerns regarding one of the processes listed in the agreement.

Mr. Pasquarelli expressed his concerns about accepting funding from the CDC. He stated that the CDC has and will continue to mislead the public about the AIDS epidemic. He warned that 8.7 million dollars spent in San Francisco for AIDS was unwarranted being that there is less than 500 sero-conversions per year in SF and that the rate of AIDS cases has been dropping since 1992. He warned the HPPC to be aware of what the CDC is trying to do (i.e. mandatory HIV reporting, omission of pertinent tables from the HIV/AIDS Surveillance report, HIV Antibodies test results, etc.) He urged the HPPC to reject any funding from the CDC.

Tracey explained that Kristin duBay Horton and Michael DeMayo (technical support consultants) would be taking the lead in the development of the cooperative agreement. Using the work and input of the HPPC committees, the DPH staff, and the ad-hoc committee, the cooperative agreement application will be developed and submitted to the full Council for a vote of concurrence or non-concurrence.

**8a) Priority Setting Committee Report**

Jennifer Lorvick provided the Council with a brief history of the committee and its goals throughout the years (full copies of the presentation slides are attached for all members.) She explained the methodology of using incidence and prevalence as the criteria for identifying BRP's and sub-populations. The committee then presented a **preliminary** list of the sub-populations they had come up with thus far.

In response to a Council member's question, Jennifer explained that the covariates would be included as elements of each sub-population. Michael DeMayo explained that the sub-populations were identified by prevalence under each BRP. They were ranked based on a formula that looked at rates that were higher than 2 times San Francisco's own rate (or >4% prevalence.) He explained that this is by no means the final list of the sub-populations. He reiterated that the Committee was here today to gather additional input regarding sub-populations not listed here.

Larry Meredith asked for clarification on where the data came from for the young African Americans gay and bi-sexual population previously discussed by Bill Barnes. María indicated that it was her belief that the data was derived from the findings of the Young Men of Color study.

Lyn Fischer-Ponce also asked for clarification as to the origins of the data, more specifically whether it was derived from some or all of the STD programs funded in SF. Jennifer stated that although the STD data was not included in the preliminary list being presented, the Committee intended to include that information as it became available to them. Tracey noted that the list was derived using prevalence data from all counseling and testing prevention programs that were available. Lyn also pointed out the absence of male commercial sex workers on the list.

Jennifer noted the comment and reiterated the need for the Council to provide the Committee with any data sources that would assist them in their task of developing the sub-population list.

Michael Discepola added that another sub-population the Committee had not been able to place on the list was the HIV positive population, which were earmarked for prevention funding. John Blake West pointed out that during past discussions they had discussed the needs of the incarcerated population, yet, they seemed to be missing from the preliminary list. Michael noted that although populations might not be listed, it did not mean that it had not been discussed during the Committee's brainstorming sessions.

In response to a Co-chair's question, Michael D. noted that in order to expedite the presentation, Council members could review the preliminary list at their leisure and submit any input and recommendations to himself, Jennifer Lorvick, or Michael DeMayo before the next scheduled Committee meeting (July 21, 1999.)

Dredge asked for clarification on the San Francisco model and how it compared to other directly funded cities. Although the Committee compared models on the whole, they did not compare the BRP's and sub-populations. In comparing other models, the Committee determined that the epidemic in San Francisco is very different than the rest of the nation. The other models were either not applicable to the epidemic as it effects SF, or they were fairly conventional and arbitrary. Tracey also added that most of the models they compared were not based on behavioral risk, which is what the SF plan has adopted. Many were based on target populations.

**Public Comment/Questions for Priority Setting Presentation (8a).**
*Dave Pasquarelli, ACT UP! San Francisco*

Mr. Pasquarelli expressed his opinion that the preliminary list should not classify populations by age, ethnicity, sexual identity, etc., but rather it should concentrate solely on behaviors. He also raised his concerns that the preliminary list has been developed without the presence of concrete data from the DPH, CDC, and DHS. He noted that in the past he has asked that the Council review the data in the Health Departments Quarterly AIDS Surveillance Report. He disseminated copies of the report, provided members with summary tables of the data, and urged the Council to review the information carefully.

María Rinaldi addressed Mr. Pasquarelli and asked him to clarify the contradiction of his arguments. She noted that previously he claimed that data from CDC and DPH was "misleading" yet now he was quoting the very data, which he so adamantly negated earlier. She added that if there were discrepancies in the data, it most likely came from the nature of complexity with each case. Mr. Pasquarelli indicated that unfortunately, the CDC and DPH data is the only official incidence and prevalence data that is available. Furthermore he feels that the CDC and DPH data is not reliable because it is based on HIV antibody testing.

Due to time constraints the Council agreed to forward any input and recommendations to Michael Discepola, Jennifer Lorvick, or Michael DeMayo before the next scheduled Committee meeting (July 21, 1999.)

On a last note Michael DeMayo asked that any further request for clarifications and or questions regarding the Priority Setting Committee's process be forwarded to him at Harder + Co (415-522-5400.)

BREAK

**8b) Continuation of Priority Setting Committee Report (Supplemental Funding for HIV +)**
Michael Discepola briefly explained that, based on the Council's support for funding HIV+ prevention efforts, the Priority Setting Committee had undertook the development of a supplemental application to be included with the Cooperative Agreement. Tracey Packer explained that the CDC notified the HIV Prevention Section of their eligibility to apply for supplemental funding for demonstration project sites earlier this year. The sites are eligible to apply for additional funding in the amounts of $175,000 and $500,000. Funding will be awarded in August 1999 and must be encumbered by December 1999. She summarized the two proposal goals (see attachment) and indicated that the Priority Setting Committee had determined the setting of priorities for the RFA and that DPH staff would write the proposal. The Committee agreed on five target populations and five strategies and methodologies. Michael noted that the fifth target population was missing from the draft distributed to Council members, however it should be included – IDU's.

In response to a Council member's question the Committee expressed that they did not anticipate that the expansion of treatment on demand of the substance abuse system could meet the access needs of individuals wanting to get involved. Based on the lack of clarity for the last RFP process (speed users) it did not seem that it would. The Committee reiterated that the proposal

was intended to provide prevention within treatment, however, it was more specifically to remove barriers for testing.

**Public Comment/Questions for Priority Setting Presentation (8b).**
Mr. Pasquarelli expressed his belief that the increase in monies from the CDC would tie this organization into specifically targeting populations with a test (antibodies) that he believes is unreliable. He indicated that the more you target populations for testing, the higher the incidence rates will be. He gave an example of heterosexuals who engage in anal sex, yet are not being targeted. In closing, Mr. Pasquarelli stated that it is his belief that using monies to target specific populations is discriminatory and genocidal when it comes to giving experimental treatments. The Detuned ELISA is an experimental test that has not been approved by the FDA.

*Michael Discepola motioned that the HPPC support the Priority Setting Committee recommended application process for supplemental funding for HIV Infected Persons Demonstration Project. Toni Young seconded the motion.*

The motion passed with:

In favor: 16
Opposed: 0
Abstained: 1

| Member | In Favor | Opposed | Abstained | Absent | Not Present |
|---|---|---|---|---|---|
| Marcos Bañales | X | | | | |
| Joan Benoit | X | | | | |
| Michael Bogan | X | | | | |
| Carla Clynes | X | | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | X | | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | X | | | | |
| Sister MaryMae Himm | | | | X | |
| Dave Hubbard | | | | X | |
| Jaron Kanegson | | | | X | |
| Dredge Byung'chu Kang | | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | X | | | | |
| Melinda Martin | | | | X | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | X | | | | |
| Lauren Michaels | | | | X | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | | | X | | |
| Tracey Packer | | | | | |
| J. Colin Partridge | X | | | | |
| Dawn Passar | | | | X | |
| María Rinaldi | X | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Father River Sims | | | | | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |
| TOTALS | 16 | 0 | 1 | 9 | |

**9) Strategic Evaluation Report Committee Report**

Colin Partridge reported that the Committee was recommending a comprehensive revision of the current Strategic Evaluation Plan. He explained that the presentation today however, would include seven interim objectives the Committee had developed in lieu of more specific direction from the CDC regarding the proposed revisions of the current plan. Colin then referred to a series of overheads that provide the history of the Committee's work, its goals and the seven interim objectives. (A complete copy of all 15-presentation overheads is attached.)

During the presentation the Committee urged Council members to forward any names of evaluation specialists that could join the Committee as community members to assist the Committee in its efforts.

*Colin Partridge motioned that the HPPC support the interim plan presented by the Strategic Evaluation Committee to be submitted in fuller format as part of the CDC Cooperative Agreement. Michael Bogan seconded the motion.*

**Public Comment/Questions for Strategic Evaluation Presentation.**

Mr. Pasquarelli pointed out that it was important for the Council to understand that the document that had been passed out was referring to HIV reporting. He expressed his position that that kind of information, regardless of encoding it with unique identifiers, should not be in the hands of the CDC. He stated that although the CDC is currently urging mandatory HIV reporting, they are also limiting the public access to data through the HIV/AIDS Surveillance Report. In closing he urged the Council to think hard before putting their stamp of approval on mandatory HIV reporting. Colin offered a point of clarification that the interim plan deals with behavioral issues and not mandatory HIV reporting.

The motion passed with:

In favor: 16
Opposed: 0
Abstained: 1

| Member | In Favor | Opposed | Abstained | Absent | Not Present |
|---|---|---|---|---|---|
| Marcos Bañales | X | | | | |
| Joan Benoit | X | | | | |
| Michael Bogan | X | | | | |
| Carla Clynes | X | | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | X | | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | X | | | | |
| Sister MaryMae Himm | | | | X | |

| | | | | | |
|---|---|---|---|---|---|
| Dave Hubbard | | | | X | |
| Jaron Kanegson | | | | X | |
| Dredge Byung'chu Kang | | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | X | | | | |
| Melinda Martin | | | | X | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | X | | | | |
| Lauren Michaels | | | | X | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | | | X | | |
| Tracey Packer | | | | | |
| J. Colin Partridge | X | | | | |
| Dawn Passar | | | | X | |
| María Rinaldi | X | | | | |
| Father River Sims | | | | | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |
| TOTALS | 16 | 0 | 1 | 9 | |

**10) Follow-up on Private Space Issue**

John Newmeyer reported that the recent DPH meeting with current and former sex club owners proved to be an excellent discussion on the issue. He then summarized the concerns raised by Dr. Katz and other participants, as well as possible solutions to those concerns.

- First, the issue of reversing current policy could be construed as giving "the wrong message at the wrong time." More specifically, lack of evidence that this is not a deteriorating public health issue. In order for Dr. Katz to justify changing his position, he would require statistical data.
- Second, and in the same note as Dr. Katz, Michael Siever had prepared a tentative plan for how "safe" bathhouses in the year 2000 could operate. Mr. Siever had stated that the bathhouses of 2000 would be drastically different than those from 1984 and the opportunity might serve to send out "the right message" about bathhouses with private spaces – as a healthy and safe environment.
- Third, it was noted that although the HPPC voted in favor of bathhouses' private spaces, it passed with a minority of nine (9) in favor, one (1) opposed, and seven (7) abstentions. John reported having responded to this issue by pointing out to Dr. Katz that at the time of that HPPC vote the Council had just begun the process, and the vote served more as a "thermometer" reading of the Council at the earliest stages of that discussion. He assured Dr. Katz that the abstentions represented the need for Council members to further discuss the issue and gather information to make educated decisions, and perhaps reach a consensus.

In response to a member's request, John N. indicated that copies of Mike Siever's "Bathhouse Plan 2000" would be provided to Council members.

**11) Report from Community Forum and Letters of Support for DPH and Media/press.**

Kevin Roe informed the Council of the fact that there was no process evaluation conducted at the forum. However, upon the request of the forum participants, the process evaluation team put together some comments about their observations at that forum, and the comments listed in the forum dialogue boxes. Kevin then distributed and reviewed a memorandum (dated 6/17/99) with the results of the process evaluation observations. He discussed the successes, the challenges, and other observations.

*Toni Young asked for a show of hands in support of extending the meeting by 15 minutes in order to complete the discussion at hand. There was a second and with a majority the Council agreed to extend the meeting.*

In favor: 16
Opposed: 0
Abstention: 1

María Rinaldi expressed her discontent with the process of the previous HPPC meeting (6/10/99) regarding the forum re-voting. She argued that Council members were not given notification of the intent to re-vote on the issue. It was not until the end of the 6/10 meeting that the Co-chairs introduced the motion to vote again. Furthermore the HPPC meeting agenda had not clearly stipulated that the forum vote had to be redone based on some infraction of the original forum vote. The second concern she raised was the "politically correct" manner in which Council members interacted with each other. She expressed her belief that Council members are bound to disagree with each other and if they can not express their viewpoints for fear of offending, then she would rather not participate. Dredge noted that the discussion at hand was not the HPPC process but rather about the letters of support to the DPH and the media/press. He explained that discussion about the HPPC processes would occur at future HPPC meetings.

Michael Bogan expressed his agreement and disagreement with María. He indicated that it was his belief that the forum was a catastrophe, particularly the process of voting and re-voting. Toni Young reminded the Council that this agenda time, which had been extended an additional 15 minutes, was reserved for discussion and a possible vote on a draft letter of support for the bathhouse issues from the HPPC co-chairs. María noted that the process issue discussion needed to be addressed. She pointed out that she has raised the issue at the last meetings and yet this Council had not addressed it. Kristin reiterated that the process discussion would occur at the next Steering Committee meeting. María indicated that this was unacceptable since it was an issue that the entire Council needed to be a part of.

Marcos Bañales agreed with María's previous comments about the engagement between Council members. He indicated that he had not felt the evaluation dialogue boxes were anything other than the continued discussion of opposing viewpoints. Disagreeing is part of the work and members should not take it personally. Marcos also added that it was his belief that the Co-chairs had manipulated the vote at the end of the 6/10 HPPC meeting.

John Newmeyer proposed that the Council postpone the possible vote on the letter to the next HPPC meeting. He offered that by postponing the Council would have 1) more time to read the

available information, 2) review Mike Seiver's "Bathhouse Plan 2000" and 3) review STD data to determine if they supported Dr. Katz position.

*Michael Discepola motioned that the HPPC accept the letters written by the three HPPC Co-Chairs (to DPH and the media/press) as is. María Rinaldi seconded the motion.*

**Public Comment/Questions for Bathhouse Letters.**
María Rinaldi noted that she felt the vote results should be excluded from the letters. A discussion ensued regarding the need for keeping the vote results in the letters to further demonstrate the complexity of the issue. María also pointed to discrepancies in the fourth paragraph of the CDC letter.

Lyn Fischer-Ponce stated that she felt the letter needed to be clear about the issue of private spaces – not re-opening bathhouses. The deliberations of the Council have been about whether the Council supports the health director's rescinding his decision to have open spaces (as opposed to private spaces) in sex club venues.

Michael Discepola then called to question his original motion and Toni Young facilitated the vote. The motion passed with:

In favor: 12
Opposed: 1
Abstained: 3

| Member | In Favor | Opposed | Abstained | Absent | Not Present |
|---|---|---|---|---|---|
| Marcos Bañales | X | | | | |
| Joan Benoit | X | | | | |
| Michael Bogan | X | | | | |
| Carla Clynes | X | | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | X | | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | | X | | | |
| Sister MaryMae Himm | | | | X | |
| Dave Hubbard | | | | X | |
| Jaron Kanegson | | | | X | |
| Dredge Byung'chu Kang | | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | X | | | | |
| Melinda Martin | | | | X | |
| Byron Mason | | | X | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | | | X | | |
| Larry Meredith | X | | | | |
| Lauren Michaels | | | | X | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | | | X | | |
| Tracey Packer | | | | | |
| J. Colin Partridge | X | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Dawn Passar | | | | X | |
| María Rinaldi | X | | | | |
| Father River Sims | | | | | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |
| TOTALS | 12 | 1 | 3 | 9 | |

The meeting was then adjourned. The next HPPC meeting is scheduled for August 12, 1999.

*Attached to minutes for all members:*

- *Article from the Journal of AIDS and Human Retrovirology regarding condom failure.*
- *Invitation letter from Bill Barnes to attend the field hearing of the Senate Appropriations Committee.*
- *Article from the Washington Blade regarding forged letter addressed to the Director of the CDC's National Center for HIV, STD, and TB Prevention.*
- *Article from the Bay Windows regarding "Barebacking."*
- *Roster of issues raised by HPPC during New Business category of agenda.*
- *HPPC Co-Chairs report.*
- *HIV Prevention Director's Report dated 7/8/99.*
- *CDC Cooperative Agreement presentation overheads.*
- *Priority Setting Committee presentation overheads and statistics.*
- *SFDPH Quarterly AIDS Surveillance Report (through March 1999)*
- *Summary tables of reported AIDS cases.*
- *Priority Setting Committee Proposal for Supplemental Funding (HIV+)*
- *Strategic Evaluation Committee presentation overheads.*
- *SFDPH letter pertaining to "Resolution Supporting Transfer of Massage Establishment Regulations."*
- *Draft HPPC letter pertaining to "Private Spaces".*
- *Memorandum dated 6/17/99 from Kevin Roe to Sex Venues Forum Task Force.*

Minutes Written by: Marin Trujillo and Amalia Fernandez-Niewendorp, Polaris
Minutes Reviewed by: A. Toni Young, Community Co-Chair and Larry Meredith, Interim DPH Co-Chair

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# San Francisco HIV Prevention Planning Council Meeting

## August 12, 1999

**Mayor's Conference Room at City Hall**
**Van Ness at Grove**

Meeting called by Cochairs: Dredge Byung'Chu Kang, Larry Meredith, A. Toni Young

***All agenda items include time for public comment***

| | | |
|---|---|---|
| 3:00pm | Food, welcome, introductions, announcements | Dredge Byung'Chun Kang |
| 3:20pm | Review and approval of minutes from 6/10/99 | Dredge Byung'Chun Kang |
| 3:25pm | General Public Comment | Dredge Byung'Chun Kang |
| 3:35pm | New Business/ Council Member Agenda Input | Dredge Byung'Chun Kang |
| 3:45pm | Co-Chairs Report | Dredge Byung'Chun Kang, Larry Meredith, A. Toni Young |
| 4:00pm | Update from Steering Committee on Bylaws (possible vote) | Harder+Company |

*In response to the vote taken at the January HPPC meeting, the Steering Committee has spent a portion of each of its meetings discussing and revising the bylaws. The proposed draft is enclosed for your review. Technical support consultants to the committee will present proposed changes that have been made and agreed upon to date. Further changes will be made by the Steering Committee at upcoming meetings, however those changes being proposed today need to be voted on so that the HPPC can operate in compliance with its bylaws.*

5:00pm BREAK

5:15pm Progress on letting an RFP for Prevention Services — Larry Meredith

*The HPPC is preparing to update the 1997 HIV Prevention Plan in the year 2000. The work of the Strategic Evaluation Committee and the Priority-Setting Committee this year will be a part of the new plan. This was discussed at the July meeting, and is discussed in detail in the AED document handed out as part of the pre-meeting package in July. The new plan will provide the Council's updated priorities and will inform a new RFP. This process, a timeline, and the steps that need to be taken before an RFP can be let will be discussed.*

5:40pm Cultural Competency Update — Michael DeMayo, DPH Rep

*The Cultural Competency Assessment Tool was to be pilot tested under the direction of the HIV Prevention Section and the technical support consultants during the 1999 planning year. This process has been delayed by the introduction of Policy 24. A discussion on the implications for the Council's cultural competency assessment tool in light of the release of Policy 24 will be led by the technical support consultant and a representative from the DPH.*

5:55pm Closure and Evaluation

***All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.***

**UPCOMING MEETINGS:**

Ad Hoc Meeting to review the CDC Cooperative Agreement: Thursday August 26th, 3pm-6pm, 25 Van Ness, 330B.
HPPC Meeting: Thursday September 9th, 3pm – 6pm, Location TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

# HIV PREVENTION PLANNING COUNCIL
## Minutes of August 12, 1999

**Members Present:**
Marcos Bañales
Joan Benoit
Anthony Cadavas
Al Cunningham
Manny DaCalanio
Michael Discepola
Brenda Escobar
Kimberly Gallant
Janetta Johnson
Judy Kaw
Jorge Ortiz
Lyn Fischer-Ponce
Sister MaryMae Himm
Dredge Byung'chu Kang
Melinda Martin
Willi McFarland
Larry Meredith
Shawn O'Hearn
Dawn Passar
María Rinaldi
Martha Ugarte-Ortiz
A. Toni Young

**Members Absent:**
Bill Barnes
Michael Bogan
Carla Clynes
Dave Hubbard
Stephen King
Jennifer Lorvick
Byron Mason
Mazdak Mazarei
Lauren Michaels
John Newmeyer
J. Colin Partridge
Father River Sims
John Blake West

**Leave of Absence**
Tracey Packer

**Parliamentarian:**
Tony Leone

**DPH/AIDS Office Staff:**
Elizabeth Davis
Delia Garcia
Gigi Gregory
Peter Twyman

**Guests:**
Gilbert Criswell, Electric City Ch. 53
Tamara Ching, Southeast Asian Community Ctr.
Steven Gibson, Stop AIDS Project
Monica Hudson
Jeff Klausner, SFDPH STD Prevention & Control
Cynthia Laird, Bay Area Reporter
James Nguyen, Stop AIDS Project
Michael Petrelis, AIDS Accountability Project
Rebeka Wawryszuk, IRIS Center
Hank Wilson, ACT UP Golden Gate
Joe Wright, SFDPH – HIV Research Section

**Harder + Co.**
Kristin duBay Horton
Michael DeMayo

**Process Evaluation Team:**
Wendy Hussey
Kathleen Roe
Kevin Roe
Yumary Ruiz

**Polaris R & D, Inc.**
Amalia Fernández-Niewendorp

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## 1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

Dredge convened the meeting shortly after 3:00 p.m. He welcomed everyone, and asked that all members and guests introduce themselves. He asked if there were any announcements.

**Announcements**

*Member Absences*

- The following individuals had informed the Co-Chairs of their absence from today's meeting: Bill Barnes, Carla Clines, Jennifer Lorvick, J. Colin Partridge, and John Blake West. Elizabeth Davis noted that Joan Benoit had called and indicated that she would be arriving late.

*Larry Meredith*

- Larry informed the Council of the newest addition to the Packer-Dawley household – Katherine Josephine Packer Dawley was born on July 30, 1999 at 1:11 p.m. Mother and child are both at home and doing fine.

*Kathleen Roe*

- Kathleen pointed out that members would find an additional form requesting input about experimental processes that the leadership of the Council was interested in discussing, along with the standard process evaluation forms.

*Al Cunningham*

- Al expressed his satisfaction at finally being chosen to participate as a member of the HPPC. He explained that he is not just here as a representative of the African American gay male, HIV-negative population, although he believes this is the main reason he was chosen to participate. He summarized his extensive background as a writer and producer of both print and broadcast, and hope that these skills, along with his skill to communicate, will be put to use on the Council. His goals are to listen, to learn, and to apply his skills where possible to assist the process.

*Michael Discepola*

- Michael expressed his concern about HPPC candidates who had applied and had yet to be notified. He asked that the co-chairs look into the matter and push for the distribution of notification letters to all HPPC candidates.

  He also made reference to the Syphilis Alert (7/29/99) which indicate five new cases of adult syphilis in San Francisco during the last four to five weeks. He suggested that this is an issue the Council should be looking into. Michael Petrelis asked whether there was any proof supporting the alert. Michael Discepola explained that his intention was to bring the topic to the attention of the Council, although he personally did not have proof to substantiate the alert,

*Amalia Fernández-Niewendorp*

- Amalia reported that Marin Trujillo was on medical leave and she would be filling in for him. She expressed Polaris's apologies for any inconvenience this predicament might have caused the Council and assured members of Polaris's commitment to provide the Council and its subcommittees with type of services they have become accustomed to reviewing.

*A. Toni Young*

- Toni informed the Council of the "1999 National Conference on Women and HIV/AIDS Conference" scheduled for October 9 – 12 in Los Angeles. She noted that scholarship costs for women who are living with HIV would be covered by the conference. For more information contact: 609-423-7222 ext. 350, www.womenandhiv99.com or womensconf@talley.com.

- Secondly, she distributed the HPPC co-chairs report and requested that questions pertaining to the report be deferred to the appropriate time on the agenda.

*Lyn Fischer-Ponce*

- Lyn distributed an application for "The HIV/STD Educator/Trainer Network 1999 Meeting" Presentation Proposal.

- She also informed the Council that the new member orientation was scheduled for 9/9 (prior to the full HPPC meeting.) She was unable to respond to the issue regarding notification letters for HPPC candidates, but would be looking into the matter.

- Lastly, Lyn distributed copies of the monthly STD report (6/99 to 7/99.) She explained that Jeff Klausner of the STD Prevention and Control Section would speak on this matter during public comment.

*Sister MaryMae Himm*

- Sister announced that the Strategic Evaluation Committee was actively recruiting community members for participation in the committee. Currently the committee has four HPPC members, but only one community member. The committee urged anyone who is interested in participating (or that has a possible nominees) to contact the committee immediately.

- Sister noted that the Outreach Committee has had minimal response from Council members regarding the upcoming "What Works in Prevention" public forum and "hot topic" ideas for that discussion. Members were urged to complete the survey that was attached to the agenda.

*Dawn Passar*

- Dawn expressed her gratitude for being able to serve on the HPPC during the last two and a half years. It was with some regret that she respectfully submitted her resignation. Although she is resigning from this body, she assured the Council that she would continue with her advocacy efforts through the St. James Infirmary Clinic. She indicated that she would be using this opportunity to concentrate on her filmmaking and art. She asked that members keep in touch with her through the clinic (415-487-5500) or her e-mail address (dpassar@hotmail.com).

*Michael DeMayo*

- The technical support staff of Harder + Co. distributed the first **draft** of the CDC Cooperative Agreement. The draft is given to the Council a month in advance to allow members to have ample time to review the document and to provide meaningful input into the process. Kristin added that the ***ad-hoc committee[1] would be meeting on 8/26 from 3-6 p.m. at the AO*** to make final recommendations for changes to the draft. Anyone interested in attending the ad-hoc meeting should RSVP with Betty Chan-Lew @ 415-554-9492. If you are unable to attend the meeting, but would like to have your input included in the discussion, please forward your input to Betty Chan-Lew prior to the 8/26 meeting.

*María Rinaldi*

- María expressed her gratitude to the AO staff for the recent assistance they had given to providers during the development of the CDC Gay Men of Color Proposal. She commended Gigi Gregory for all of her help, and added that the review technique (recruitment of non-department reviewers) helped immensely in the fine-tuning of the proposal.

[1] HPPC member volunteers that will participate in the final review of the CDC Cooperative Agreement draft prior to the 9/9 HPPC meeting presentation and vote.

- María also informed the Council that she would be leaving the meeting early.

*Shawn O'Hearn*

- Shawn expressed his concern about representation of HIV + individuals on the Council. He noted that there are plenty of provider agencies represented at this table. He requested a breakdown of the number of HIV + persons and/or persons that represent people living with HIV/AIDS serving on the Council. Toni noted that the CDC Cooperative Agreement HPPC membership matrix should provide him with the requested information. She also added that it is her belief that there is at least one new member that is HIV+.

- Shawn asked that the HPPC be provided with an update on the Prevention Director position and when that process would begin.

- Shawn explained that, he had been unable to contribute any input to the discussions of "engagement" over the last several meetings when his jaw was wired shut. He expressed the opinion that, as community activists, we must speak up and stand up for our convictions. He does not apologize for things said, because he feels they are all said from the heart. He agrees that there should be respectful engagement, but not at the risk of individuals being unable to speak their minds.

- Lastly, Shawn stated that he would be leaving the meeting early.

*Peter Twyman*

- Peter asked that members pick up a copy of the 3rd Annual Hepatitis C Virus (HCV) Conference handout from the back table. He summarized that the HCV conference was scheduled for August 21 – 23, at Mills College in Oakland.

*Delia Garcia*

- Delia extended the gratitude of the HIV Prevention Sections to all members who participated in the last round of the monitoring process. She announced that the monitoring process would begin again for their CDC-funded providers this fall, and the office is looking forward to members again participating in that process.

*Elizabeth Davis*

- Elizabeth reported that on 9/17 there will be an Outreach Providers Meeting, hosted by the Westside - HIV Women's Project, located at 973 Market Street. Invitation flyers will be distributed in the coming week. Speakers are being recruited for the meeting topic of "Street Violence". Anyone interested should contact Elizabeth at 415-554-9994.

*Marcos Bañales*

- Marcos recently returned from a conference in El Paso, Texas that focused on violence and HIV for Latina women with partners who are incarcerated. He summarized that most of the work of the conference participants covered incarcerated populations, correctional facilities and Department of Public Health.

## 2. REVIEW AND APPROVAL OF THE 6/10 AND 7/8 MINUTES

Dredge asked if there were any comments or revisions to the minutes of the HPPC 6/10 meeting. There were none. *Toni moved that the Council approve the minutes of the JUNE 10 HPPC meeting. Sister seconded the motion.* Technical support documented the vote. The motion passed with:

| | |
|---|---|
| In favor: | 10 |
| Opposed: | 0 |
| Abstain: | 2 |

| Members | In Favor | Opposed | Abstain | Absent |
|---|---|---|---|---|
| Marcos Bañales | X | | | |
| Joan Benoit | | | | X |
| Michael Bogan | | | | X |
| Carla Clynes | | | | X |
| Manny DaCalanio | X | | | |
| Michael Discepola | X | | | |
| Brenda Escobar | X | | | |
| Lyn Fischer-Ponce | X | | | |
| Sister MaryMae Himm | X | | | |
| Dave Hubbard | | | | X |
| Dredge Byung'chu Kang | | FACILITATOR | | |
| Stephen King | | | | X |
| Jennifer Lorvick | | | | X |
| Melinda Martin | X | | | |
| Byron Mason | | | | X |
| Mazdak Mazarei | | | | X |
| Larry Meredith | X | | | |
| Lauren Michaels | | | | X |
| John Newmeyer | | | | X |
| Shawn O'Hearn | | | X | |
| J. Colin Partridge | | | | X |
| Dawn Passar | | | X | |
| María Rinaldi | X | | | |
| Father River Sims | | | | X |
| John Blake West | | | | X |
| A. Toni Young | X | | | |

Dredge then asked if there were any comments or revisions to the minutes of the HPPC 7/8 meeting.

**July 8 Minutes Corrections:**

- *Page 1, Public Comment from Crystal Catamco.*
  Amalia informed the Council that Carla Clines had notified her of a discrepancy with the first sentence of Crystal's comments. It should read Ms. Gonzales rather than Mr. Gonzales.

- *Page 6, Paragraph 3.*
  Lyn indicated that the first sentence should state **prevention** programs, rather than STD programs.

*With the above-mentioned revisions Toni moved that the Council approve the minutes of the July 8 HPPC meeting. The motion was seconded.*

Technical support documented the vote. The motion passed with:

In favor: 7
Opposed: 0
Abstain: 5

| Members | In Favor | Opposed | Abstain | Absent |
|---|---|---|---|---|
| Marcos Bañales | X | | | |
| Joan Benoit | | | | X |
| Michael Bogan | | | | X |
| Carla Clynes | | | | X |
| Manny DaCalanio | | | X | |
| Michael Discepola | | | X | |
| Brenda Escobar | X | | | |
| Lyn Fischer-Ponce | X | | | |
| Sister MaryMae Himm | | | X | |
| Dave Hubbard | | | | X |
| Dredge Byung'chu Kang | | FACILITATOR | | |
| Stephen King | | | | X |
| Jennifer Lorvick | | | | X |
| Melinda Martin | X | | | |
| Byron Mason | | | | X |
| Mazdak Mazarei | | | | X |
| Larry Meredith | X | | | |
| Lauren Michaels | | | | X |
| John Newmeyer | | | | X |
| Shawn O'Hearn | | | X | |
| J. Colin Partridge | | | | X |
| Dawn Passar | X | | | |
| María Rinaldi | | | X | |
| Father River Sims | | | | X |
| John Blake West | | | | X |
| A. Toni Young | X | | | |

## 3. GENERAL PUBLIC COMMENT

Dredge introduced this agenda item and noted that speakers needed to limit their comments to three minutes due to the number of requests for public comment.

*James Nguyen, Stop AIDS Project.*

James distributed packets of the "Families Change, Families Grow" prevention media campaign. He summarized that the campaign is a four-agency collaboration (El Ambiente, Proyecto Contra SIDA, Mission Neighborhood Health Center and the Stop AIDS Project) that targets Latino Gay and Bisexual men. The campaign was developed using the research of Rafael Diaz from the Center for AIDS Prevention Studies (CAPS.) James explained that the campaign was a community driven process that included focus groups regarding the images and messages that would be used in the campaign. The campaign consists of posters, bus shelter ads, bus runners, and other small media techniques that address some of the cultural themes that serve as barriers

to safer sex behaviors among the Latino men gay and bisexual community. James also noted that Telemundo, one of the largest Spanish language television networks, had covered the campaign.

**RESPONSE/QUESTIONS TO PUBLIC COMMENT**
Dredge thanked James and asked the Council if there were any questions or comments for James.

María noted that she felt it was very disturbing that the campaign only listed the four collaborators rather than all prevention service agencies in San Francisco that provide bi-lingual services. She mentioned that it was her understanding that the CDC funded campaign stipulated something about MOU's with other service providers, yet that had not been implemented.

In response to a member's question, James clarified that the objective was to develop a better campaign that would inform the community of places that offered a peer based forum to discuss issues that are facing them.

*Jeff Klausner, SFDPH - STD Prevention and Control.*
Jeff reported that he would be addressing certain concerns that had been raised by Council members pertaining to the STD report. At this time he requested that the Council consider inviting him to a future meeting so that he could provide them with a more formal presentation on the topic. It is his opinion that STD awareness is clearly important to the HPPC since it is widely known that STD control equals HIV prevention. He distributed the STD monthly report and noted that the report was also available on the DPH web site (under Administrative Reports.) Jeff also stated that individuals might request to be added to the distribution list by contacting Leona Holbert at 415-554-8450.

He briefly summarized the current syphilis rates and noted that the DPH had recently identified five adult cases of early syphilis. All cases were related to a similar socio-sexual practice of meeting partners through a specific group of Internet chat rooms on America on Line (AOL). He noted that such clusters are not usually identified so readily or clearly. However, the low levels of endemic transmission now in SF, made it much easier to identify them. In addition, special funds from congress and the CDC have allowed a special team at DPH to work at identifying and targeting the elimination of syphilis.

Jeff noted that the urgency of this issue as it pertains to HIV prevention is the evidence of syphilis infection increases the risk of acquisition and transmission of HIV five fold.

**RESPONSE/QUESTIONS TO PUBLIC COMMENT**
Michael Petrelis asked where the annual STD report was. He stated the importance of releasing the report based on the current prioritization being undertaken by the HPPC and CARE Councils. He referred to the Monthly STD report that clearly states "All statistics are provisional until the annual report is released...." Jeff responded that the annual report should be available in October of 1999. He explained that the report is a process that includes gathering data from several resources, an approval process, and a validation process prior to its release.

*Hank Wilson, ACT UP Golden Gate.*
Hank recommended that the future STD report include a Crypto Sporidium alert based on the risk of transmission associated with public sex venues. Hank also distributed a section of a

CARE Council report entitled "Connection to a Community of Others Living with HIV." He summarized that the document confirms that persons living with AIDS want social based opportunities to connect with each other. Hank expressed his opinion that this issue has implications on HIV+ prevention. He summarized that cities such as San Diego and Los Angeles have implemented services such as HIV+ coffeehouses and places to go where you don't have to navigate the disclosure process. He urged the Council to consider this very pertinent discussion. Hank pointed out that transmission of HIV is from one individual to another, support should be offered in the same manner with a peer driven process (positive to positive) that could prove to be highly effective.

Hank also distributed a handout pertaining to a study released in 1999 entitled "Non-injection substance use correlates with risky sex among men having sex with men: data from HIVNET." He noted that San Francisco was one of the cities studied and that this type of pertinent information should be in our local papers for the community to examine.

*Gilbert Criswell, Electric City Ch. 53.*
Gilbert referred to an advertisement in the (??PLEASE CLARIFY – THE PUBLICATION??) that depicts a man in a prison uniform with a ball and chain wrapped around his leg. He expressed his concern about this and other advertisements that are portraying negative images to the community about persons living with HIV.

*Joe Wright, DPH – HIV Research Section.*
Joe distributed copies of the paper recently authored for the American Journal of Epidemiology by the HIV Research Section in collaboration with colleagues in Denver, Chicago and the CDC. He explained that the paper used a new statistical model that calculates per contact risk of different male to male sex acts. Not surprisingly data indicate that unprotected receptive anal sex is by far the riskiest behavior. However, oral sex with ejaculation is playing a small but continued role in risk and eventually in transmission and infection. Another interesting note is that reported protected receptive anal sex also carries some additional risk that might be attributed to a combination of misreporting and, more importantly unrecognized condom failure.

Jim also noted that the data indicate a very heterogeneous level of risk in per contact estimates. He explained that there are many differences between the characteristics of individuals that increase or decrease their susceptibility to the virus. The data in this paper estimates averages for one of their large studies. In closing Jim indicated that this would be his last presentation to the HPPC. He is moving on from the group. He expressed his gratitude to the HPPC for having the opportunity to participate in the process, both at the Council level and the subcommittee level, where he served as a member of the Strategic Evaluation Committee.

*Michael Petrelis, AIDS Accountability Project*
Michael referred to the data from in the June '99 STD monthly report and data from the same time period last year. He pointed out that there had been a reduction (from 12 adult syphilis cases in '98 to 7 adult syphilis cases in'99) yet the public was being exposed to an advertisement in the BAR claiming that syphilis was a time bomb. He requested that the council investigate the allegations made by this ad and commit to providing the public with the actual facts. In closing, he urged the Council for on-going, honest statistical information about STD's.

## RESPONSE/QUESTIONS TO PUBLIC COMMENT

In response to a question from a member, Michael indicated that the advertisement had been sponsored by the DPH.

## 4. NEW BUSINESS/COUNCIL MEMBER AGENDA INPUT

Dredge asked if there was any new business to discuss. Sister reiterated Jeff Klausners' request for a more formal presentation from the SFDPH – STD Prevention and Control Section. María requested that the Council consider discussing the presence of "security" at Council meetings. Kathleen noted that the additional process evaluation form asked for input regarding this particular issue. Members were again urged to complete the forms in order to drive future discussions on the issue.

## 5. CO-CHAIRS REPORT

Toni indicated that the co-chairs report had been distributed earlier which included a letter dated 7/28/99 from Mitch Katz regarding the "private spaces within public sex environments" issue. It was noted that there was a discrepancy in the report in that there were actually three HPPC members (as opposed to the listed two) actively on the Prevention for Positives CAB. Toni asked if there were any other questions or comments. In response to question from one of the members, Toni clarified that UCHAPS is the acronym for the Urban Coalition of HIV/AIDS Prevention Services.

Larry briefly summarized the HIV Prevention Director's Report. He noted that there is more in depth information in the report regarding the HIV Prevention for Positives Demonstration Project. He also pointed out the update on the massage parlor issue and the proposed ordinance to transfer regulation authority from the Police Department to the DPH. He asked Dawn Passar if she had any additional information regarding this issue. Dawn stated that she had attended the last meeting and was still concerned about the lack of understanding of the topic as a "health" issue. She noted that every time this subject is considered, talk of prostitution is thrown into the mix and the public health aspect of the issue is forgotten or dismissed. Larry offered that the primary confusion and conflict is based on discussions that contrast therapeutic massage and body workers and the group representing adult entertainers. He noted that another issue of confusion in this discussion is the number of hours that constitute certification as a massage therapist.

Larry explained that the Health and Environment Committee had begun to discuss methadone access by means other than federally certified methadone maintenance programs. The Health Department has taken the lead in this endeavor to move methadone dispersion to private physicians. Although there is no final results on that issue, he will keep the Council informed.

Larry reported that in response to the CDC request, the DPH would submit a supplemental request for the HIV Positive Prevention Demonstration Project. He noted that the tuberculosis surveillance in the homeless shelters has indicated an association with HIV positives. He has been in contact with the director of that program and has confirmed interest in a HPPC presentation regarding the issue.

The State California HIV Prevention Planning Group is meeting in San Francisco August 18 and 19 at the Clarion Hotel in Millbrae. He distributed a sign up sheet and asked that individuals interested could also request that the information be faxed to them.

Lastly, Larry informed the Council that, due to the organizational changes occurring at the Health Department, the process of hiring a new HIV Prevention Director had been postponed. However, he feels confident that once the above-mentioned changes are finalized, the recruitment and hiring process will move forward.

**RESPONSE/QUESTIONS**

In response to a request for clarification pertaining to the Syphilis report data, Larry explained that he had spoken to the data manager following the comments (regarding the STD report) raised by the Council. He stated that the HPPC has full access to the data and added that Jeff Klausner, the director of that division, would be better suited to provide any specific clarification regarding the actual data.

Michael Petrelis announced his concern that hiring Mike Shriver of CAPS to serve as the facilitator of the HIV Prevention for Positives Demonstration Project CAB is a direct conflict of interest.

**6. UPDATE FROM STEERING COMMITTEE ON BYLAWS (POSSIBLE VOTE)**

Kristin duBay Horton and Michael DeMayo provided the Council with an overhead presentation[2] regarding the history of the HPPC bylaws, recent changes and next steps for the inclusion of the revised bylaws in the CDC Cooperative Agreement.

Council member then divided into two groups. The technical support staff facilitated the groups and representatives of the Steering Committee documented the results of those discussions.

Once the groups had completed their discussions, the Council reconvened and continued the discussion on the bylaws revisions. María indicated that due to some confusion expressed by newer members pertaining to the bylaws, she had offered to meet with them next week to provided them with a more in depth overview of the bylaws. Sister volunteered to participate, and Lyn noted that the new members would also receive more in-depth information at their orientation meeting scheduled for 9/9.

It was suggested to expedite this process, the group should first summarize the bylaws revisions that had been accepted by the groups. These revisions (with consensus) could then go to the Steering Committee for finalization in the bylaws. The Council would provide recommendations and input to the Steering Committee based on the results of today's discussions for revisions that required additional deliberation. The Steering Committee would then address these recommendations and incorporate then into the bylaws.

Members reached consensus on almost all of the revisions. The only two sections that where without consensus are the Roles and Responsibility section and the Attendance/Leave of Absence

[2] Copies of the bylaws overhead presentation are attached to the minutes for all members.

(LOA) section. Members briefly deliberated on the Roles and Responsibilities section and agreed that the Membership Committee should not be included in this section.

As for the topic of LOA and excused versus non-excused absences, the Council agreed that further discussion would be required to revise and finalize this section. It was suggested that, if a member requests LOA from the HPPC, the member should also take LOA from their committee assignments and vice a versa.

With the above mentioned changes to the Roles and Responsibilities section, the Council reached consensus for all proposed bylaws revision, with the exception of the attendance and LOA sections.

Kristin asked for member input regarding the method of small group discussions implemented during this agenda item. Members were in agreement that although small group discussion is usually effective, the venue of the HPPC meetings (lack of time) does not support it.

**7. BREAK**

**8. PROGRESS ON LETTING AN RFP FOR PREVENTION SERVICES**

Larry indicated that today's presentation was the first step of many that the Council would have to undertake for the release of a Request For Proposal (RFP). He explained that there are two main things the Council must be very clear about. First is the need for evidence based priorities to guide the RFP process. And second is the development of a process that is fair, open, timely, manageable and clearly ties in to the priorities of this Council. He referred to a series of overheads[3] that indicated who all the players of the RFP process are, why the HPPC is involved, and what is meant by the term "HPPC priorities". Larry then summarized an overhead depicting the "Community-Based Prevention Planning" process, which he indicated is a critical component of the evolving process of determining what the priorities are. He added that these *"priorities"* are outlined and approved by this body and provide the direction for the execution of solicitations – RFP's, Program Announcements, Cooperative Agreements, Notice of Funding Availability, etc.

Larry briefly summarized what the HPPC has been working on to establish its priorities as well as additional work (re-writing of plan chapters) they will have to address to feed into the RFP process. He explained that in addition to these above-mentioned tasks, the HPPC would also have to look at and deliberate on the development of optimal re-contracting criteria. Larry explained that the next step would be to determine the logistics of the RFP process including the review of the timeline, the HIV Prevention Section staffing capacity, the epi and evaluation research, and the collaborative effort of the Department and the Steering Committee to develop the plan for re-contracting.

Larry referred to the proposed timeline for the re-contracting process that covers October 1999 through January 2002. Kristin pointed out that this timeline reflected the tasks that this body would have to complete for an RFP to be released.

[3] Copies of the RFP overhead presentation are attached to the minutes for all members.

Members suggested that a condensed version of this presentation be made available to both the provider community and the client community to assure that they are fully informed of the RFP process and its proposed timeline. It was also suggested that the presentation overheads be furnished to the DPH prevention providers along with a summary of the presentation. The upcoming Outreach Forum was also mentioned as another method of disseminating this information to the public. Members indicated that this would help in the long-term planning that must occur for the continuation of services and also would increase participation of potential applicants in this process.

Hank Wilson expressed his concern that many prevention providers have not been involved in this Council's planning process. It is his belief that this has resulted in a lot of parallel planning, which in turn impacts the community. He added that certain providers not only stay away from the table, they do not share their expertise and findings with other providers. He also suggested that this RFP process include more integration with the CARE Council, being that there are clear overlaps between prevention and treatment. In conclusion, he added that the up coming HIV Positives demonstration projects should provide the Council with insight of what it will take to release an RFP.

Michael Discepola expressed his gratitude for the presentation of this proposed plan (to address the RFP process.) He urged that the Council continue to revisit this plan throughout the year, and include brief progress reports indicating where they are in the process. He asked that any revisions to the plan be done in a timely manner. He noted that perhaps the Process Evaluation team could assist the Council in this task by keeping them on track with the timeline and the plan.

In closing, Larry noted that there is an on going joint planning councils meeting which is a collaboration between the drug treatment, Mental Health, Maternal Family and Child and the CARE Council in order to share information and restrict the duplication of services.

Toni asked for input from Hank Wilson regarding how the Council could solicit the participation of some of the "seasoned" providers that seem to have left the table. Hank offered that the HPPC notify providers that funding would no longer be automatic and that providers must participate in the **entire** process to receive funding (as opposed to just securing funds and then withdrawing from the process.)

## 9. CULTURAL COMPETENCY UPDATE

Michael DeMayo summarized that HPPC's 1998 Cultural Competency Task Force (CCTF) had developed a Cultural Competency Assessment tool that was reviewed and approved by the HPPC. The tool was to be used by agencies when responding to RFP's. The Council had asked that the assessment tool be pilot-tested during this year. However, when the DPH initiated a newly revised cultural competency policy (Policy 24) in March of this year, the pilot testing had been put on hold. He introduced Norm Nickens of the DPH, and indicated that Norm would be explaining to the Council what Policy 24 entails. He further explained that the Council would then discuss what if any implications Policy 24 would have upon them and the HPPC Cultural Competency Assessment Tool.

Sister noted that there were not enough Council members present to conduct a comprehensive discussion on this topic. Dredge responded that postponement of this discussion would only serve to impede future Council business. Michael DeMayo agreed and added that Norm had been invited to make this presentation and that members who had left early or who were absent could get the presentation information from the minutes. He also explained that since no vote was to be taken on this agenda item, the presentation was strictly educational. Members present agreed to continue with the presentation.

Norm introduced himself as the Deputy Director of Community Health Services of the SFDPH. However, he stated that as of September 1, 1999 would be taking on a new position as the Deputy Director of the Equal Employment Opportunity Programs, Affirmative Action and Cultural Competency. He briefly summarized that although the Department had not had a specific policy regarding "Cultural Competency" the Policy 24 had been in effect and had addressed similar issues for the last nine years. He further explained that in March of this year the Health Commission had adopted a resolution to revise the current Policy 24 to encompass a much broader scheme of cultural competency. That revised Policy 24 is what is now being put into place for the current fiscal year and the future years. He distributed copies of the resolution adopting Policy 24, the revised Policy 24, and a two-page summary of what is required under the newly revised Policy 24. He pointed out that after careful review of the revised Policy 24 and the CCTF tool, he had ascertained that many of the elements that the CCTF had tried to capture on the tool had been captured in the newly revised Policy 24.

Norm explained that the old policy focused strictly on the staff and board of agencies and was a numerically based policy that looked at the gender, race and sexual orientation of boards and staffs of agencies to reflect within 15% of the client base. The **new** policy is not numerically based. It requires that agencies conduct an annual self-assessment process.

Agencies will have to report on how the agency is providing culturally competent services. The basic elements of that report are outlined in the summary document that was distributed. The report will have to be submitted to the Board of Directors of the agency. The board will then review the policy and sign off on it. The intent is to internalize the process of conducting an annual review of an agency's ability to provide culturally competent services. Once that is completed, the document is then submitted to the Health Department and the Health Commission for our review. This policy went into affect as of March 16th of this year and applies to all contracts going to the Health Commission as of April 20, 1999. This year agencies have to complete this process and have until June 30, 2000 to prepare their self-assessment and their annual plan on cultural competency for submission to the Department.

Norm explained that these plans would be reviewed on two levels – the program level by the program manager and by his office. They are requesting one plan for each agency, however agencies will have to address each program and develop specific outcome measures (both quantitative and qualitative) at the programmatic level. They will have to identify any deficiencies they have identified in their ability to provide culturally competent services as well as the steps they will take to remedy those deficiencies in the next year. The department will work with the agencies to provide both training and technical assistance to help them prepare and implement their plans. This will be an on going process that is a contract requirement. No

contracts will be submitted to the Health Commission after June 30, 2000 unless the agency has developed a plan.

Michael DeMayo stated that the pilot test had been postponed to allow the Council to provide feedback on whether it makes sense for them to go on with their own Cultural Competency Assessment in light of what is now require by Policy 24. Norm added that in effect for the last two years there is a state mandated Cultural Competency plan that applies to all mental health programs. In addition the Treatment on Demand Planning Council has begun to develop cultural competency standards for their contracts. In short there is a proliferation of potentially inconsistent standards that are being developed within departments for all of our contractors. Agencies have to reply to all of these documents that are basically asking for the same thing – culturally competent services.

## RESPONSE/QUESTIONS

In response to a question from a member, Norm stated that the report would be submitted annually and therefore current data for each agency would be available each year. Norm also reported that the monitoring for this year would be based on the development of an agency's plan. Next year, agencies would be reviewed on the adequacy of their plan, how well they implemented their plan, and how well they had taken corrective action based on any deficiencies they had identified in their plan.

In response to a question, Norm responded that he and Delia Garcia of the AO had compared the tool developed by the CCTF and the Policy 24, and they had found a high level of overlap. He added that the only item not addressed in the Policy 24 is the request for language proficiency of every staff member. Policy 24 asks for language proficiency of the agency as a whole. In terms of the overall outcome that the HPPC tool is seeking and that Policy 24 is seeking, there is a high degree of overlap.

It was suggested that the Council (technical support and AO) review Policy 24 to determine what it otherwise does not capture that is essential for the work of the Council. In response to a question from a member, Norm indicated that all of the reports submitted to the Department would be made available to the public.

As a member of the CCTF, Marco expressed his concern that the tool that was developed would not be implemented. After a brief discussion it was agreed that technical support and the AO would review the two documents (for overlaps and deficiencies) and then present their findings to the Council, and would possibly make recommendations to the Department about amendments and additions to Policy 24. Due to the time constraints of the HPPC's current commitments, it was agreed that said review would occur after producing the CDC Cooperative Agreement.

Norm reported that his plans for implementation of Policy 24 include training department staff as well as the contractors. He is willing to provide training to the planning councils as well. He also added that he would be available to participate in the review with the technical support staff and the AO to present to the Council regarding the implementation of the Departments policy and any nuances that the Council wanted to add to the policy.

## 10. CLOSURE/EVALUATION

Dredge thanked everyone for their participation and asked that members take a moment to complete their evaluation forms.

*Attached to these minutes for absent members:*

- *Process Evaluation Results & Participant Dialogue boxes (7/8 HPPC meeting.)*
- *Presentation Proposal for the "HIV STD Educator/Trainer Network 1999 Meeting".*
- *San Francisco Monthly STD reports (10/989 through 7/99).*
- *Outreach Committee Survey.*
- *CDC Cooperative Agreement Draft and Memo.*
- *3rd Annual HCV Conference handout.*
- *Stop AIDS Project media campaign handouts.*
- *Connection to a Community of Others Living with HIV handout.*
- *"Non-injection substance use..." handout.*
- *HIV Research Section paper authored for the American Journal of Epidemiology.*
- *HPPC co-chairs report and the HIV Prevention Director's Report.*
- *Bylaws handout (memo, previously approved bylaws, and revised bylaws.) and bylaws presentation slides*
- *RFP presentation slides*
- *Letter dated 4/21/99 from Norm Nickens regarding the Revised Policy 24 (Cultural Competency.) and the Health Commission Resolution No. 9-99 (Amendment of Policy 24.)*

**NEXT HPPC MEETING:** September 9, 1999 (3 to 6 p.m.) @ the Mayors Conference Room at City Hall (Room 201)

Minutes written by: Amalia Fernández-Niewendorp, Polaris R & D, Inc.
Minutes reviewed by: Larry Meredith, DPH Interim Co-Chair

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**HIV Prevention Planning Council Meeting**
**Thursday, September 9th, 1999**
**Mayor's Conference Room at City Hall**
**Van Ness at Grove, San Francisco**

Meeting called by Co-Chairs: Dredge Byung'chu Kang, Larry Meredith, AToni Young

***All agenda items include time for public comment***

| | | |
|---|---|---|
| 3:00pm | Food, welcome, introductions, announcements | Dredge Byung'chu Kang |
| 3:10pm | Review and approval of minutes | Dredge Byung'chu Kang |
| 3:15pm | General Public Comment | Dredge Byung'chu Kang |
| 3:30pm | New Business/ Council Member Agenda Input | Dredge Byung'chu Kang |
| 3:40pm | Co-chairs Report | Dredge Byung'chu Kang, Larry Meredith |
| 3:50pm | CDC Cooperative Agreement Concurrence Discussion<br>*This brief overview of the revised Cooperative Agreement Document enclosed in the premeeting mailing and discussion of concurrence will be led by members of the ad hoc committee that reviewed the document in August.*<br>*POSSIBLE VOTE* | John Blake West & Friends |
| 4:35pm | BREAK | |
| 4:50pm | Restructuring the HPPC<br>*The co-chairs and steering committee have developed a plan to reinvigorate and reinvent community planning in San Francisco. This plan will be presented with opportunity for comments and feedback on the proposed process.* | Larry Meredith, Dredge Byung'chu Kang |
| 5:35pm | Update on PHIP Program<br>*This program, prioritized by the HPPC in 1998 is now underway. A community advisory board has been formed and the results of their first few meetings will be shared.* | *Mike Shriver, Mike Pendo* |
| 5:50pm | Closure and Evaluation | |

***Note, all meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.***

**UPCOMING MEETINGS:**
HPPC Meeting: Thursday October 14th, 3pm-6pm, Location TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review

# HIV PREVENTION PLANNING COUNCIL
## Minutes Summary of September 9, 1999

**1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS**

Meeting convened on time. Everyone welcomed and introduced. A series of announcements were made including but not limited to: member absences, upcoming prevention workshop, homeless youth issue, etc. It was agreed that the Bathhouse Forum transcript will be included in the minutes for all members.

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**2. REVIEW AND APPROVAL OF THE 8/12 MINUTES**

Minutes were approved with one revision. The vote outcome was 12 - in favor, 0 - opposed, 5 - abstained, 6 -absent, and 1 - not present.

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**3. GENERAL PUBLIC COMMENT**

The following individuals spoke during public comment.

- Michael Bettinger – regarding HIV Prevention and the Bathhouse issue.
- Hank Wilson – regarding event(s) sponsorship and requesting recent poppers (amyl nitrate) study.
- Christine Wong Mineta – regarding exemption from the Behavioral Risk Assessment (BRA) requirement for the Wedge Program. It was agreed that the Steering Committee will address this topic at their next meeting and will invite Wedge staff to participate in that discussion.
- Michael Petrelis – regarding syphilis threat to the gay community, the Annual STD report, and a proposed grant to study the influence of planning groups. Council was informed of the recent release of the Annual STD report.

**4. NEW BUSINESS/COUNCIL MEMBER AGENDA INPUT**

Members agreed that the Steering Committee will review a resolution regarding the CDC's Detuned Elisa "Contact-Tracing" Plan for HIV Prevention and report back to the Council in a future meeting. Members agreed that the Steering Committee would discuss the possibility of a presentation of the Annual STD report at their next meeting in order to include a presentation at the next HPPC meeting.

**5. CO-CHAIRS REPORT**

HIV Prevention Director's Report (9/9/99) distributed and summarized. Council updated on the National HIV Prevention Conference in Atlanta and last UCHAPS meeting. Also informed of the up-coming HPPC Co-Chair election 2000 – 2001.

**6. CDC COOPERATIVE AGREEMENT CONCURRENCE DISCUSSION**

Application content presented and discussed by members. It was suggested that in the future these types of materials be distributed in a timelier manner. After considerable deliberation (including a vote to table the motion for a letter of concurrence) the Council voted in favor of a letter of concurrence with the CDC Cooperative Agreement application as is. The vote outcome was 12 - in favor, 3 - opposed, 3 - abstained, 6 -absent, and 0 - not present.

**7. BREAK**

After the break the Council discussed the possibility of reflecting the minority opinion through an addendum to the CDC Cooperative Agreement. A motion was made to include an amendment to the application that reflects that the vote for letter of concurrence was taken without the benefit of documentation as to how the funding was going to be spent (i.e., the funding by CBRP's). The motion failed. The vote outcome was 5 - in favor, 7 - opposed, 4 - abstained, 6 -absent, and 2 - not present.

**8. RESTRUCTURING THE HPPC**

Restructuring plan presented. Council agreed that the Steering Committee will look into getting input from UCHAPS regarding the structures of other planning groups and will report back to the body at a later meeting. The vote on accepting or rejecting the restructuring plan will occur at the next full Council meeting.

**9. UPDATE ON HIV+ PRIMARY PREVENTION DEMONSTRATION PROJECT**

Community Advisory Board (CAB.) updated Council on the HIV+ Primary Prevention Demonstration Project. The body has completed its task and the draft RFP will be submitted to the DPH for review.

**10. CLOSURE/EVALUATION**

Mike Pendo brought data that had been requested during the CDC Cooperative Agreement discussion. Due to the time constraints, it was agreed that he will be available to members in the coming days to answer any specific questions. It was also suggested that the Steering Committee will follow-up on this issue and will report back to the Council at the next meeting.

*NEXT HPPC MEETING: October 14, 1999 (3 to 6 p.m.) @ the Mayors Conference Room at City Hall (Room 201)*

# HIV PREVENTION PLANNING COUNCIL
**Minutes of September 9, 1999**

| Members Present: | Members Absent: | Guests: |
|---|---|---|
| Marcos Bañales | Bill Barnes | Michael Bettinger |
| Michael Bogan | Joan Benoit | Michael Petrelis, AIDS Accountability Project |
| Carla Clynes | Anthony Cadavas | Hank Wilson, ACT UP Golden Gate |
| Al Cunningham | Brenda Escobar | Christine Wong Mineta, Wedge Program |
| Manny DaCalanio | Judy Kaw | Bay Area Reporter |
| Michael Discepola | Stephen King | Brenda Walker, Chief Financial Officer, HPS |
| Kimberley Gallant | Jennifer Lorvick | Nancy Pollard, State Office of AIDS |
| Janetta Johnson | A. Toni Young | |
| Byron Mason | | **Harder + Co.** |
| Mazdak Mazarei | **Leave of Absence** | Kristin duBay Horton |
| John Newmeyer | Tracey Packer | Michael DeMayo |
| Jorge Ortiz | | |
| Lyn Fischer-Ponce | **Parliamentarian:** | **Process Evaluation Team:** |
| Sister MaryMae Himm | Brian Dobrow | Kathleen Roe |
| Dredge Byung'chu Kang | | Kevin Roe |
| Melinda Martin | **DPH/HIV Prevention Section:** | |
| Willi McFarland | Elizabeth Davis | **Polaris R & D, Inc.** |
| Larry Meredith | Delia Garcia | Amalia Fernández-Niewendorp |
| Shawn O'Hearn | Gigi Gregory | |
| J. Colin Partridge | Kate MacLaughlin | |
| María Rinaldi | | |
| Father River Sims | | |
| Martha Ugarte-Ortiz | | |
| John Blake West | | |

## 1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

Dredge convened the meeting shortly after 3:00 p.m. He welcomed everyone, and asked that all members and guests introduce themselves. He asked if there were any announcements.

### Announcements

*Member Absences*

The following individuals had informed the Co-Chairs of their absence from today's meeting: Toni Young and Joan Benoit.

*Sister MaryMae Himm*

- Sister announced that the film "Play Fair" is now available to any interested CBO's or prevention providers. Please contact Delia Garcia or Betty Chan-Lew at the HIV Prevention Section for information on how to get copies.

*John Newmeyer*

- John explained that due to childcare issues he would be leaving the meeting early.

*Shawn O'Hearn*

- Shawn asked for clarification regarding the absence of a council parliamentarian and the Councils ability to conduct business without him. Larry informed members that Tony Leone had been hospitalized and was expected to return home the following day. At this time Larry announced that in Tony's absence Brian Dobrow (former HPPC parliamentarian) would be acting parliamentarian for this meeting. Shawn addressed

Brian and asked for clarification as to the protocol for introducing a resolution draft to the Council. Brian clarified that the proper time to introduce a draft resolution would be during the new business section of the agenda.

- Shawn referred to a recent letter he had authored (targeting youth providers) that had recently been published in the Bay Area Reporter. It is his belief that the city of San Francisco has ignored the homeless youth issue for some time. With the recent closing of several homeless shelters (i.e., Red Rock, Hospitality House, Castro, etc.,) youth providers must take their advocacy responsibilities seriously and approach their respective executive directors about addressing this issue.

*Al Cunningham*

- Al announced a theatrical performance "Ask Any Girl." It is an African American theater piece about HIV and AIDS. It is scheduled for late September early October. Anyone interested in taking part or getting information please contact him personally.

*María Rinaldi*

- María first announced that she would be translating for Jorge Ortiz during the course of this meeting.

- She informed members that she had recently received the Bathhouse Forum transcript[1] that she had requested after the forum debriefing at the July HPPC meeting. She left that meeting with several questions about the forum's recommendations regarding respectful engagement and some accusations that she had called a participant of the forum a racist. After careful review of the transcript she was unable to locate any such slur and urged that all council members read the forum transcript for a full account of the forum and its outcome recommendations.

- Lastly, María informed the Council that due to a terminal illness in her family, she has requested and been granted 1) a leave of absence from the Council committee activities and 2) ability to leave Council meetings early as needed.

*Byron Mason*

- Byron announced that the UCSF, Center for AIDS Prevention Studies (CAPS) is currently hiring 10-12 recruiters for the HIV+ Urban Men Intervention Trial Study. Anyone interested in applying may contact him at: **UCSF/CAPS, 74 New Montgomery, San Francisco CA 94105, (415) 597-8114.**

*Dredge Byung'chu Kang*

- Dredge informed Council members that the Asian Pacific Islander (API) Wellness Center, the Black Coalition on AIDS (BCA), the Native American AIDS Project (NAAP), and Proyecto Contra SIDA Por Vida (PCSPV) are collaborating on a series of workshops for gay men of color in San Francisco. The "Things Taboo" series consist of four workshops: The four workshops are -- 1) ***Clips, Dips and Whips – S&M for the Young at Heart. 2) Workin' It – Public Sex Environments and Being People of Color. 3)***

[1] Forum transcript attached for all HPPC members.

***Dragin' It – Dress Up, Mess Up, Pig Up and Sexual Fantasies. 4) Sniffin' It, Droppin' It, Takin' It – Club Drugs and Taboo.***

Anyone interested in additional information may contact Henry Ocampo at the Asian Pacific Islander Wellness Center 415-292-3420 ext. 318.

*Kathleen Roe*

- Kathleen explained that the standard process evaluation forms had been modified. Members were asked to fill them out at the end of each agenda item (rather than at the end of the meeting.)

*Gigi Gregory*

- Gigi informed the Council that she is currently involved in the development of a workshop for state providers. The workshop is scheduled for Thursday, September 23rd, from 1 p.m. to 3 p.m., at the HIV Prevention Section (25 Van Ness, Room 330B.) Anyone interested may contact her for additional information.

*Michael Petrelis*

- Michael announced that the Bathhouse Coalition is holding an open meeting on Monday September 13th, at 7 p.m. at Metropolitan Community Church of San Francisco located on Eureka and 18th street. He urged members to attend and noted that the coalition is still gathering signatures to re-open the bathhouses.

*Delia Garcia*

- Delia informed the Council that Dave Hubbard would no longer be able to participate on the Council. She introduced Nancy Pollard from the State Office of AIDS who is interested in joining the Council to replace Dave.

*Elizabeth Davis*

- Elizabeth announced an upcoming Outreach Provider meeting, scheduled for Wednesday, September 15th, from 10 a.m. to 12 p.m. The Westside Women's HIV Prevention Project (973 Market Street, 3rd Floor) is hosting the meeting. The scheduled speakers are: Ray Balberon (discussing street violence in the Mission), Shawn Richard (discussing street violence in Western Addition) and Tamara Ching (discussing street violence and sex workers in the Tenderloin.) All outreach workers and providers are welcome.

*Kate MacLaughlin*

- Kate referred to a flyer at the back table pertaining to the "Behavioral Health and Domestic Violence – Creating Treatment Plans that Work" conference scheduled for Friday September 17, 1999. The conference targets primary service providers in Mental Health, Substance Abuse, and HIV.

*Kevin Roe*

- Kevin informed the Council that he had received the survey results of the CDC survey administered to new members. Several copies are available for interested members and

the results might also be found in the CDC Cooperative Agreement.

## 2. REVIEW AND APPROVAL OF THE 8/12 MINUTES

Dredge asked if there were any comments or revisions to the minutes of the HPPC 8/12 meeting.

**Minutes Corrections:**

- *Page 4, Public Comment from Elizabeth Davis.*
  Elizabeth clarified that the date listed was incorrect, it read the 17th and should read the 15th.

*With the above-mentioned revision there a motion and a second were made that the Council approve the minutes of the August 12 HPPC meeting.* Technical support staff documented the vote. The motion passed with:

| | |
|---|---|
| In favor: | 12 |
| Opposed: | 0 |
| Abstain: | 5 |
| Absent: | 6 |
| Not present: | 1 |
| **Total:** | **24** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcas Bañales | X | | | | |
| Bill Barnes | | | | | |
| Jaan Benoit | | | | X | |
| Michael Bagan | | | | | X |
| Anthony Cadavas | | | | | |
| Carla Clynes | X | | | | |
| Al Cunningham | | | | | |
| Manny DaCalanio | X | | | | |
| Michael Discepala | | | X | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | X | | | | |
| Kimberley Gallant | | | | | |
| Dave Hubbard | | | | X | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | | | | | |
| Dredge Byung'chu Kang | | | Facilitator | | |
| Judy Kaw | | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | X | | | | |
| Byran Masan | X | | | | |
| Mazdak Mazarei | | | X | | |
| Willi McFarland | X | | | | |
| Larry Meredith | X | | | | |
| Jahn Newmeyer | X | | | | |
| Shawn O'Hearn | X | | | | |
| Jorge Ortiz | | | | | |
| J. Colin Partridge | | | X | | |

| | | | | | |
|---|---|---|---|---|---|
| María Rinaldi | | | X | | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | | | | | |
| John Blake West | | | X | | |
| A. Toni Young | | | | X | |

## 3. GENERAL PUBLIC COMMENT

Larry emphasized the importance of continued discussions (whether during public comment or other agenda items) that are thoughtful, relevant, and respectfully acknowledge the diversity of opinions on any given issue.

*Michael Bettinger*

Mr. Bettinger summarized his past experience as a San Francisco psychotherapist asserting that the majority of his clients are MSM. He has gained insights into the issue of seroconversion - from HIV negative to HIV positive. He is concerned that an opportunity to prevent the spread of HIV and other sexually transmitted diseases (in commercial establishments such as bathhouses that provide private spaces for men to have sex with men) is currently being neglected by this body.

While the idea of re-opening the bathhouses sounds counter intuitive, the fact is that people will continue to have sex, whether in a private space or not. There is a growing subculture glorifies unprotected anal intercourse between men. This practice exists, and will continue to exist, unless those who take part in it can be persuaded to change their behavior. This is where re-opening bathhouses can become part of the solution. In order to persuade a change in behavior, there must be direct contact with the target population.

Mr. Bettinger proposes that bathhouses be permitted to re-open with restrictions that did not exist when these establishments were effectively closed in 1984. He distributed a paper that detailed ways of opening these establishments to encourage safer sex practices. Lastly, he clarified that this paper is designed to stimulate discussion and is not to be considered a final product or proposal.

## RESPONSE/QUESTIONS TO PUBLIC COMMENT

John Newmeyer indicated that he encouraged Mr. Bettinger to present his paper here at the Council after reading it earlier this summer. He believes that the proposal presents a potential breakthrough and a turning point in the bathhouse issue. He urged the Council to discuss the paper and to support the ideas it reflects.

*Hank Wilson, ACT Up Golden Gate*

Hank Wilson handed out research results of a study, by San Franciscans of San Franciscans, pertaining to popper (amyl nitrate) use. The largest circuit party in North America the "Black and Blue Party" is in Montreal this October. An Act up Golden Gate letter writing campaign convinced the party to reject the sponsorship support of a major popper manufacturer. This is a perfect example of responsible sponsorship. A popper company currently sponsors the "Leather 2000 Contest," and Act up Golden Gate is working towards getting that sponsorship terminated.

The study has some interesting findings about popper use in San Francisco. The publicity generated by the study (BAR article, Pat Christian, etc.) did not specifically name the drug nor did it mention the fact that poppers were implicated in uni-variate, bi-variate and culti-variate analyses. Prevention must be reality based and reflect the whole context--sexual behaviors, drug using behaviors and substance use.

*Christine Wong Mineta, Wedge Program*

Ms. Wong Mineta expressed the concerns of the Wedge program regarding the HPPC's Behavioral Risk Assessment (BRA) requirement. She distributed a letter and copies of the Wedge CDC report (dated 1/1/99 to 12/31/99). The letter, addressed to Council members, explained that the program's target population--in-school minors--is very different the other prevention providers obligated to implement the BRA. The program is faced with difficult institutional barriers (e.g., SFUSD's strict policy regarding sexual behavior questions, etc.) These barriers have forced Wedge to recruit emancipated teen residents who are outside of the program's target population. The Wedge program respectfully requested permission to be exempted from conducting any future BRA's.

**RESPONSE/QUESTIONS TO PUBLIC COMMENT**

Sister MaryMae asked whether the HPPC could grant a BRA exemption to the Wedge program. Since the BRA is part of an HPPC strategy recommended to the DPH, the Council could discuss the issue and possibly provide some guidance to the DPH on a possible resolution of the problem. Lyn Fischer-Ponce suggested that the Wedge program also seek the support of the new SFUSD Task Force to access some of more difficult BRA information. It was agreed that the Steering Committee would address this topic at their next meeting and that the Wedge staff would be invited to participate in that discussion.

*Michael Petrelis, AIDS Accountability Project*

Mr. Petrelis distributed two letters addressed to Dr. Mitch Katz, Health Director of the DPH, and one letter addressed to Carl Hall of the SF Chronicle. He noted that a letter to Dr. Katz regarding a Syphilis Alert dated August 24, 1999 had gone unanswered. He demanded that Dr. Jeff Klausner, Director of the STD Control and Prevention branch, meet with the gay community as soon as possible to discuss the alleged syphilis threat to the gay community. He expressed his exasperation at the absence of a response to his request for definitive data, and reiterated his request to receive the Annual STD report, which has yet to be released by Dr. Klausner and his office.

Mr. Petrelis then referred to a letter to Dr. Katz dated September 7, 1999 regarding a UCSF grant being submitted by doctoral candidate Valerie Kegebein Rose. The grant is for $145,000 to study the influence of the San Francisco HPPC and the other 65 state and local planning councils on the planning process. He believes that San Francisco's participation in the study should be stopped. He pointed out that this body, which is a subject of the study, has not participated in any discussions about the issue.

***Correction from the HIV Prevention Section:** Valerie Kegebein Rose is the project director on an independent study on the policy-making activities of community planning groups in California. The study is collaboration between the SFDPH and UCSF/CAPS and was funded by UC Universitywide AIDS Research Program (UARP). Both SFDPH and UCSF/CAPS received*

*funding to collaborate on this project. San Francisco is one of the 57 sites in California, and is not the primary focus of the study.*

In closing Mr. Petrelis referred to a final letter, dated August 31, 1999. It is his opinion that the UCSF researcher quoted (regarding recent increases in the gonorrhea rates) is misleading the public. Mr. Petrelis warned the Council to question any information coming from UCSF.

**RESPONSE/QUESTIONS TO PUBLIC COMMENT**

Larry offered a point of clarification regarding the UCSF study. The study includes other co-investigators along with Ms. Kegebein Rose. The study is not funded though this body nor the city, but rather it is a competitive grant funded by the state and the CDC.

María stated that, while the funding is not to be addressed by this body, the Council should be included in the process. She is distressed about the lack of information the HPPC received regarding this issue. She urged the leadership of the Council to request that Dr. Katz allow the Council members a voice in the process.

Larry responded that there is a lot of relevant research in San Francisco. One of the dilemmas facing them is that the research is not always as coordinated as it could be. He agreed that information is not always made available in a timely manner, yet it is his belief that there is a concerted effort to distribute results and relevant data out to the appropriate groups. It was a third party that solicited the grant. It will be evaluating the grants and making its decisions regarding which applications are funded.

Willi explained that he was the UCSF researcher that Mr. Petrelis had referred to during his comments about the gonorrhea rates. He clarified some of the figures and mentioned that copies of the information were available for anyone interested in them. He also informed the Council that today the Annual STD report was made available to the public.

**4. NEW BUSINESS/COUNCIL MEMBER AGENDA INPUT**

Shawn distributed a letter addressed to Dr. Klausner (dated 8/15/99) and a resolution regarding the CDC's Detuned Elisa "Contact-Tracing" Plan for HIV Prevention. The letter to Dr. Klausner discusses the findings of the author suggesting that STD prevention is a cheap way to do HIV prevention. It also expresses his support of combined efforts between HIV and STD prevention sections.

Shawn explained that the resolution was developed in an attempt to engage in a discussion debating whether Detuned Elisa and "Contact-Tracing" are acceptable strategies for HIV prevention. He asked for Council support and for future discussions regarding this issue. He asked the parliamentarian what the protocol would be for introducing the resolution for adoption by the Council. Brian stated that the resolution would first have to be reviewed and discussed at the Steering Committee level. Results of that discussion would then be presented to the full Council for their discussion, input and decision.

Shawn asked that the Council address this issue in the next meeting. It was agreed that the Steering Committee would review the resolution and report back to the Council in a future meeting.

Sister MaryMae asked that a presentation be provided at the next HPPC meeting addressing the Annual STD report. After some deliberation it was agreed that the Steering Committee would discuss this issue at their next meeting in order to include a presentation at the next HPPC meeting.

## 5. CO-CHAIRS REPORT

Larry distributed copies of the HIV Prevention Director's Report dated 9/9/99 and summarized the report's contents. Delia added that the Women with HIV and AIDS Conference was not included in the HIV Prevention Director's report. Brochures are available in English and Spanish for anyone interested. Dredge announced that he and Toni recently attended the National HIV Prevention Conference in Atlanta. The conference was science based and the top issue addressed was the increase in AIDS related deaths.

The last UCHAPS (the coalition of the six cities that are directly funded by the CDC) meeting was held at the National HIV Prevention Conference in Atlanta. At the meeting the coalition finalized and accepted their bylaws. Anyone interested in seeing them may ask Toni for a copy. Dredge explained that the purpose of UCHAPS is primarily to secure more HIV prevention funding for the six jurisdictions directly funded by the CDC, in short lobbying.

María reiterated the request that information pertaining to the Council be presented to the HPPC members before any decisions regarding them are made--particularly regarding issues of funding and lobbying. Dredge agreed that the Council must be kept aware of the direction and intentions of UCHAPS, and assured Council members that the coalition has only just adopted their by-laws and nothing more.

In closing, Dredge announced that the HPPC Co-Chair election for the term 2000 – 2001 was at hand. His term ends in December 1999. Toni's term ends December 2000. He encouraged everyone on the Council to nominate candidates as soon as possible. The nominations (in writing) may be forwarded to Betty Chan-Lew at the HIV Prevention Section. The election will take place in November. All new members will be eligible to vote. Nominations are restricted to members that have served on the Council for a minimum of six months.

## 6. CDC COOPERATIVE AGREEMENT CONCURRENCE DISCUSSION

John Blake West introduced himself, Marcos Bañales and Mazdak Mazarei and asked if everyone had received a copy of the agreement. Several members noted that they had only received the materials yesterday. It was suggested that in the future these types of materials be distributed in a timelier manner.

John summarized that the purpose of the presentation was to discuss what was by far the most substantive issue of the HPPC activities -- the submission of the CDC cooperative agreement application. He explained that the application would serve as the basis for getting prevention funding from the CDC for the prevention efforts of the city and county of San Francisco. He reported that in July of this year an ad-hoc committee was formed (based on the interest of Council members) to participate in the initial screening of the cooperative agreement. The committee met on two occasions to review the agreement and the product being discussed (which

Council members received) reflects the concerns that were made known to the committee and were considered in the final development of the application.

After thanking the many people who worked so hard to develop the application John summarized a series of overheads[2] depicting the content of the presentation. John clarified that the intent of the discussion was not to "wordsmith" the application and that any concerns or suggestions about language or phraseology should be forwarded to Kristin at Harder for careful consideration and inclusion in the application. Additionally this is was not an opportunity to reconsider the priorities outlined in the application, since the prioritization had occurred in previous Council discussions. The basic issue that was to be considered is whether the Health Department is implementing the priorities identified by the HPPC and whether the priorities are adequately reflected in the narrative and budget of the cooperative agreement.

The four options presented to the Council were 1) HPPC concurrence with the application as it is. 2) HPPC can ask to have changes made to bring the application in line and vote to concur with those changes being made. 3) HPPC can submit a letter of concurrence with concerns outlining the ways in which the application is not in line with the Plan, Addendum, etc. 4) HPPC can submit a letter non-concurrence. John noted that the latter of these options (letter of non-concurrence) does not mean that funding will not come to San Francisco. However, it is an important part of the process to reflect that indeed the planning body has had the opportunity to review and express its decision about the quality of the application.

**Section IIC:**
Mazdak referred to pages 9 through 12 of the application – *HIV Prevention Community Planning Update.* Members where asked for input on whether this section adequately reflects the work of the Council in the last year. There were no additions to this section.

The presentation then looked at the HPPC membership. Mazdak referred to a series of overheads. The first overhead depicts the ethnic, gender, and HIV status breakdown of HPPC member as they reflect the epidemic. The numbers (all self-identified) reflect all (34) current members. The HPPC currently has 32% women, 62% men, and 6% transgender. 25% of HPPC members self disclosed as HIV+. HPPC members are 12% aged 15 to 24, 14% age 25 to 29, 60% aged 30 to 39, and 14% aged 40 and over.

The next overhead looked at HPPC membership by behavioral risk population represented in relation to projected '99 HIV incidence. Mazdak explained that due to the lack of information on the consensus report regarding the percentage of incidence for the transgender population, this data could not be included in the graph. After a brief deliberation about the transgender population, it was agreed that the HPPC member intake form would be revised to reflect behavioral risks of transgender population (i.e., hormone injections, silicone injections, etc.)

The last overhead for this section depicts the HPPC members by race in relation to HIV infection in San Francisco. Note this information is not part of the CDC cooperative agreement. It is simply information that was requested by the Council at the August 26th HPPC meeting. The graph compared member race/ethnicity to those living with HIV in San Francisco. Kristin

[2] Attached for all members.

explained that although 6% of HPPC members self-identified as Native American, citywide data used for the comparison had no Native American category.

**Section IID:**
Marcos referred to this section (pages 49 to 51) and indicated that the Council needed to determine if the plans of the HIV prevention section match the plans for the HPPC in the year 2000.

María referred to the Cultural Competency Training addressed on page 14 of the application. She pointed out that the proposed date of the training (12/99) was actually 16 months from the date that this body voted and prioritized the need for a Cultural Competency training. There were no more questions or comments to this section.

The next overhead looked depicted the revised BRP's proposed by the Priority Setting Committee and approved by the HPPC in June 1999. Marcos noted that this committee is continuing to work on the BRP's as well as sub populations, etc. He briefly summarized the next overhead that addressed the Prioritized intervention, which are listed in the plan and reflect the interventions funded through the HIV prevention section.

María called attention to the narrative section - page 25. She clarified that the paragraph pertaining to the Supplemental Funds for HIV Prevention for Women was incorrect. She noted that the ad-hoc committee (HPPC) had actually requested a **service** assessment, not a **needs** assessment. Although they got the needs assessment, they never did get the service assessment.

Lyn referred to page 28, and noted that the Exotic Dancers Clinic (under issues to be added in accomplishment/news section) should read **Wednesday** evenings, not **Tuesday** evenings.

John asked that any other comments or suggestions pertaining to the above sections be forwarded to Kristin as soon as possible for consideration and inclusion ion the application.

**Budget**
Larry referred to a series of overheads pertaining to the budget section of the application. He introduced Brenda Walker the Chief Financial Officer of the HIV Prevention Section who was instrumental in the development of the budget for the agreement. He explained that the overall total budget for the HIV prevention section is approximately $14,396,000 dollars. The budget sources are as follows: State (17%), General (23%) and CDC Cooperative (60%). This budget does not include STD, Substance Abuse, Children's Baseline, Primary Care, and TB.

The CDC Cooperative Agreement funding ($8,757,000 dollars) is distributed into three categories, Administration/Research (26.5%), MOU (24.7%), and Contract (48.8%). Larry clarified that the MOU included direct services (i.e., Wedge, STD Clinic, etc.) and Contract included HIV Prevention Services, Epi evaluation, Finance, Accounting and MIS. The greatest proportion of the CDC Cooperative Agreement funding (36%) goes to Health Education and Risk Reduction (HERR.) Another 29% of the funding go to Counseling, Testing and Referral/Partners Counseling Referral Services (CTR/PCRS.)

There was some discussion about the abbreviated dollar amounts ($0.093M, $0.098, etc.) reflected on the overheads. It was suggested that for future presentations the amounts should be distinct. Members also indicated that a more complete breakdown of the distribution of funding (resource inventory) would be helpful in making their decisions. Delia reported that Mike Pendo is currently completing the resource inventory that will provide more insights.

Larry then referred to an overhead that depicted the breakdown of combined (general, federal, and CDC) funding by the type of services. Again HERR receives the greatest proportion (51%) of the combined funding. In closing, Larry stated that the budget section of the agreement reflects the intent that is part of the narrative and priorities that this body has elected.

John Blake West reiterated the four options and asked if anyone had a motion. *Father River moved to vote for a letter of concurrence with the CDC Cooperative Agreement application as is. Byron seconded the motion.*

**Vote Discussion:**

Sister MaryMae expressed his appreciation for all the work that had been done in the preparation of this presentation. However, it is difficult to make a decision with out a more complete breakdown of the distribution of funding (i.e., by BRP's.) It is impossible to see whether the funding is following the epidemic and whether it matches the HPPC priorities.

María referred to the tables beginning on page 29 of the agreement. She pointed out that the data on page 33 pertaining to Instituto Familiar de la Raza was incorrect. She agreed that the budget information should and could be presented more in-depth. She noted that the DPH requests that providers report the percentages of the clients being served under each BRP, therefore the data being requested should be available to the Council.

*Sister MaryMae moved that the motion for a letter of concurrence with the CDC Cooperative Agreement application as is, be tabled. María seconded the motion.* Technical support staff documented the vote. The motion did not pass with:

| | |
|---|---|
| In favor: | 4 |
| Opposed: | 14 |
| Abstain: | 0 |
| Absent: | 6 |
| Not present: | 0 |
| **Total:** | **24** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | X | | | |
| Bill Barnes | | | | | |
| Joan Benoit | | | | X | |
| Michael Bogan | | X | | | |
| Anthony Cadavas | | | | | |
| Carla Clynes | X | | | | |
| Al Cunningham | | | | | |
| Manny DaCalanio | | X | | | |
| Michael Discepola | | X | | | |

| | | | | | |
|---|---|---|---|---|---|
| Brenda Escabar | | | | X | |
| Lyn Fischer-Pance | | X | | | |
| Kimberley Gallant | | | | | |
| Dave Hubbard | | | | X | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | | | | | |
| Dredge Byung'chu Kang | | X | | | |
| Judy Kaw | | | | | |
| Stephen King | | | | X | |
| Jennifer Larvick | | | | X | |
| Melinda Martin | | X | | | |
| Byran Masan | | X | | | |
| Mazdak Mazarei | | X | | | |
| Willi McFarland | | X | | | |
| Larry Meredith | | X | | | |
| John Newmeyer | | X | | | |
| Shawn O'Hearn | X | | | | |
| Jarge Ortiz | | | | | |
| J. Calin Partridge | | X | | | |
| María Rinaldi | X | | | | |
| Father River Sims | | X | | | |
| Martha Ugarte-Ortiz | | | | | |
| Jahn Blake West | | | Facilitator | | |
| A. Tani Yaung | | | | X | |

John reiterated the existing motion to vote for a letter of concurrence with the CDC Cooperative Agreement application as is. Technical support staff documented the vote. The motion passed with:

| | |
|---|---|
| In favor: | 12 |
| Opposed: | 3 |
| Abstain: | 3 |
| Absent: | 6 |
| Not present: | 0 |
| **Total:** | **24** |

| Member | In favar | Oppased | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcas Bañales | X | | | | |
| Bill Barnes | | | | | |
| Joan Benoit | | | | X | |
| Michael Bogan | | | X | | |
| Anthony Cadavas | | | | | |
| Carla Clynes | X | | | | |
| Al Cunningham | | | | | |
| Manny DaCalania | X | | | | |
| Michael Discepala | X | | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | | | X | | |
| Kimberley Gallant | | | | | |
| Dave Hubbard | | | | X | |

| | | | | | |
|---|---|---|---|---|---|
| Sister MaryMae Himm | | X | | | |
| Janetta Johnson | | | | | |
| Dredge Byung'chu Kang | | | X | | |
| Judy Kaw | | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | X | | | | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | X | | | | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | | X | | | |
| Jorge Ortiz | | | | | |
| J. Colin Partridge | | | X | | |
| María Rinaldi | | X | | | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | | | | | |
| John Blake West | Facilitator | | | | |
| A. Toni Young | | | | X | |

## 7. BREAK

Once the Council reconvened, Sister MaryMae asked for clarification as to the ability for the Council to vote to reflect a minority opinion. Brian explained that the Council may document the minority opinion through the minutes, however an addendum (reflecting the minority opinion) to the application would have to be put to a vote. *Sister moved to include an amendment to the application that reflects that the vote for letter of concurrence was taken without the benefit of documentation as to how the funding was going to be spent (i.e., the funding by BRP's). Shawn seconded the motion.*

**Vote Discussion:**

John Blake West summarized that there is a need for the Council to see more finite details about the budget. At this time was noted that Mike Pendo was on his way from the DPH offices with the requested information. Technical support staff documented the vote. The motion did not pass with:

| | |
|---|---|
| In favor: | 5 |
| Opposed: | 7 |
| Abstain: | 4 |
| Absent: | 6 |
| Not present: | 2 |
| **Total:** | **24** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | X | | | | |
| Bill Barnes | | | | | |
| Joan Benoit | | | | X | |
| Michael Bogan | | | X | | |
| Anthony Cadavas | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Carla Clynes | | | X | | |
| Al Cunningham | | | | | |
| Manny DaCalanio | | | X | | |
| Michael Discepola | | X | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | X | | | | |
| Kimberley Gallant | | | | | |
| Dave Hubbard | | | | X | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | | | | | |
| Dredge Byung'chu Kang | Facilitator | | | | |
| Judy Kaw | | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | | | X | | |
| Byron Mason | | X | | | |
| Mazdak Mazarei | | X | | | |
| Willi McFarland | | X | | | |
| Larry Meredith | | X | | | |
| John Newmeyer | | | | | X |
| Shawn O'Hearn | X | | | | |
| Jorge Ortiz | | | | | |
| J. Colin Partridge | | X | | | |
| María Rinaldi | | | | | X |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | | | | | |
| John Blake West | | X | | | |
| A. Toni Young | | | | X | |

## 8. RESTRUCTURING THE HPPC

Dredge reported that the three HPPC co-chairs have been meeting the last several months to look at a variety of issues and obstacles facing the Council. The co-chairs identified some structural issues (external as well as internal) that have prevented the Council from being an effective and efficient body. Dredge summarized the structural and HPPC issues identified by the co-chairs.

**Structural Issues:**

1) The DPH restructuring (particularly the AO transitions) and the Mayor's Office are not supportive of the process – there is a need to redefine the relationship of the HPPC to the DPH and to the Mayor's Office.
2) Changes in technology (e.g. meds, PEP, detuned assay) and the environmental context for HIV prevention (e.g. integration with other service, focus on HIV positives) have changed. There is a need to organize ourselves in a manner that addresses the current context, not the environment in which the HPPC was originally formed.
3) Funds are flowing in multiple streams – the landscape of HIV services may change and tighter coordination is necessary with federal agencies directly funding CBO's.
4) The Cooperative agreement is complete. Since our official business is done for the year, we can tackle our internal processes more thoroughly.

**HPPC Issues:**

| | | | | | |
|---|---|---|---|---|---|
| Sister MaryMae Himm | | X | | | |
| Janetta Johnson | | | | | |
| Dredge Byung'chu Kang | | | X | | |
| Judy Kaw | | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | X | | | | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | X | | | | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | | X | | | |
| Jorge Ortiz | | | | | |
| J. Colin Partridge | | | X | | |
| María Rinaldi | | X | | | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | | | | | |
| John Blake West | Facilitator | | | | |
| A. Toni Young | | | | X | |

## 7. BREAK

Once the Council reconvened, Sister MaryMae asked for clarification as to the ability for the Council to vote to reflect a minority opinion. Brian explained that the Council may document the minority opinion through the minutes, however an addendum (reflecting the minority opinion) to the application would have to be put to a vote. *Sister moved to include an amendment to the application that reflects that the vote for letter of concurrence was taken without the benefit of documentation as to how the funding was going to be spent (i.e., the funding by BRP's). Shawn seconded the motion.*

**Vote Discussion:**

John Blake West summarized that there is a need for the Council to see more finite details about the budget. At this time was noted that Mike Pendo was on his way from the DPH offices with the requested information. Technical support staff documented the vote. The motion did not pass with:

| | |
|---|---|
| In favor: | 5 |
| Opposed: | 7 |
| Abstain: | 4 |
| Absent: | 6 |
| Not present: | 2 |
| **Total:** | **24** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | X | | | | |
| Bill Barnes | | | | | |
| Joan Benoit | | | | X | |
| Michael Bogan | | | X | | |
| Anthony Cadavas | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Carla Clynes | | | X | | |
| Al Cunningham | | | | | |
| Manny DaCalanio | | | X | | |
| Michael Discepola | | X | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | X | | | | |
| Kimberley Gallant | | | | | |
| Dave Hubbard | | | | X | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | | | | | |
| Dredge Byung'chu Kang | | | Facilitator | | |
| Judy Kaw | | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | | | X | | |
| Byron Mason | | X | | | |
| Mazdak Mazarei | | X | | | |
| Willi McFarland | | X | | | |
| Larry Meredith | | X | | | |
| John Newmeyer | | | | | X |
| Shawn O'Hearn | X | | | | |
| Jorge Ortiz | | | | | |
| J. Colin Partridge | | X | | | |
| María Rinaldi | | | | | X |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | | | | | |
| John Blake West | | X | | | |
| A. Toni Young | | | | X | |

## 8. RESTRUCTURING THE HPPC

Dredge reported that the three HPPC co-chairs have been meeting the last several months to look at a variety of issues and obstacles facing the Council. The co-chairs identified some structural issues (external as well as internal) that have prevented the Council from being an effective and efficient body. Dredge summarized the structural and HPPC issues identified by the co-chairs.

**Structural Issues:**

1) The DPH restructuring (particularly the AO transitions) and the Mayor's Office are not supportive of the process – there is a need to redefine the relationship of the HPPC to the DPH and to the Mayor's Office.
2) Changes in technology (e.g. meds, PEP, detuned assay) and the environmental context for HIV prevention (e.g. integration with other service, focus on HIV positives) have changed. There is a need to organize ourselves in a manner that addresses the current context, not the environment in which the HPPC was originally formed.
3) Funds are flowing in multiple streams – the landscape of HIV services may change and tighter coordination is necessary with federal agencies directly funding CBO's.
4) The Cooperative agreement is complete. Since our official business is done for the year, we can tackle our internal processes more thoroughly.

**HPPC Issues:**

1) Lack of positive council identity (e.g. low engagement among members in the process, low attendance low prestige associated with membership, low engagement with community.) The Council needs to acknowledge our accomplishments and to redefine our relationship with each other.
2) Discontinuity with the past – the Council needs to review the history of the process and identify how we have arrived at this point and why we do things the way we do.
3) Major players in prevention not involved in the process – the Council needs to better involve providers, researchers, consumers, and community members in the process.
4) Lack of direction or vision – the Council needs to enhance leadership and re-envision itself to achieve its objectives.

Dredge went on to explain that, having identified these issues, the co-chairs then developed a proposal on how to restructure the HPPC process. Dredge referred to an overhead that listed four columns (DPH/Process Evaluation/Technical Support, HPPC, Steering Committee, and HPPC Sub-committees) and a timeline associated with the work of each group. He noted that the committees were asked to decide whether they would continue to meet for the remainder of the year or go on hiatus. The Outreach Committee agreed to go on hiatus. Priority Setting will continue to meet.

Dredge explained that this discussion is to get feedback from the body at large regarding the proposal. Lyn reported that María had asked her to recommend that, once restructuring begins, any changes and/or revisions be submitted to the Council for review, input, and possible votes.

Shawn noted that it would be beneficial to include some input from other planning councils (i.e., UCHAPS) in the re-structuring process. It was determined that the Steering Committee would address this topic at their next meeting in order to report back to the body at large at a later meeting.

There was a request that the phrase "suspending business as usual" be defined. Dredge stated that the phrase refers to those items found in the new business/council member agenda, input and items in the parking lot. The steering committee would have to prioritize these types of topics/business accordingly.

Hank recommended that the Council consider collaborations with other health service providers (Substance Abuse, Mental Health, etc.) to compliment HIV prevention and to create a synergy of funding streams. He expressed his concern that some of the items brought up in the new business section (i.e., Wedge issue) are important and should be addressed in a timely manner.

Gigi reported that the Outreach Committee had discussed the possibility of polling current and past Council members, as well as community members about their perceptions of the Council. She added that a topic of concern the committee had discussed was the effect of the adoption of the Brown Act by the Council. With the Brown Act the HPPC lost its spontaneity. The community is essentially unable to come to the Council and just get placed on the agenda.

Dredge clarified that the Council would vote on accepting or rejecting the restructuring plan at the next full Council meeting. Father recommended that the Council review the mission statement in the restructuring process.

Dredge then urged anyone interested in participating in the development of the restructuring process to attend the next steering committee meeting that is scheduled for September 23rd at 3 p.m. at the HIV Prevention Section.

**9. UPDATE ON HIV+ PRIMARY PREVENTION DEMONSTRATION PROJECT**

Mike Shriver introduced himself as the facilitator of the Community Advisory Board (CAB.) He has been recruited by the DPH (on behalf of the HPPC) to assist in defining the HIV+ Primary Prevention Demonstration Project. The body has completed its task and the draft RFP will be submitted to the DPH for review. He expects that RFP's will be released in the next two weeks.

He briefly summarized the process, which CAB used to define an evidence based demonstration project. The body began by conducting a focus group with the members (HIV+, HIV-, Substance Abuse, Prevention, etc.) of the body to get a sense of the perceived needs of HIV+ individuals. The CAB then reviewed various data, including but not limited to: Detuned Assay map, sero-conversion rates for 1995 to 1998, and incidence rate of HIV infection by zip code, census tract, racial/ethnic community, BRP's, etc.

The three RFP levels outlined by the HPPC in their supplemental fund application of 1998 were Social Marketing Campaign, Linkages, and Intervention. He explained that the Social Marketing Campaign level is intended to get HIV+ individuals to know their anti-body status. This will be done through an intensive (~$480,000.00) marketing campaign that will focus on counseling and testing. The Linkages level will focus on getting HIV+ individuals who know their status and are not in care into the treatment/care system. The CAB also included "follow-up" at this level, in order to ensure that individuals remain in the treatment/care system (as opposed to just a "one-shot deal".) The third and perhaps the most difficult level (i.e., no current models in existence) is the Intervention level. The CAB proposed a community level intervention for HIV+ gay men in San Francisco. The applicants of the RFP will determine target populations (i.e., IDU-MSM, Homeless HIV+ MSM, etc.) and target neighborhoods.

The CAB went one step further. The RFP will direct all funded providers (at all three activity levels) to be linked with each other, as well as with the Health Department and research institutions in San Francisco, thus creating a truly cooperative effort. The CAB has also called for a quarterly overview of this collaboration to ensure its implementation. The demonstration project will include an evaluation, and all funded providers will be required to conduct an internal evaluation of their programs.

In closing, Mike reported that the funding amounts for the three levels are: ~$480,000 for the Social Marketing Campaign and ~$400,000 for the Linkages and Intervention.

**COUNCIL DISCUSSION**

Hank expressed his concern that "social connections" had not been mentioned. Mike explained that due to the up-coming release of the RFP he was unable to address this concern. The CAB was clear about "social connectedness" during the development of the RFP was. The CAB agreed that one of the things that principally defines risk or an environment for sero-positive is isolation.

Michael Discepola asked for clarification pertaining of the funding timeline. Mike explained that there would be a mandatory two-month start up period for everyone receiving monies for the demonstration projects. The DPH is hoping to stretch the Social Marketing farther than 12 months, but they will buy as much as they can.

Michael Discepola requested an update from the DPH in regards to the $500,000 that was pending CDC approval. Mike Pendo reported that the HIV Prevention Section had talked to CDC and had been informed that a determination would be forthcoming (next two weeks.)

**10. CLOSURE/EVALUATION**

Dredge introduced Mike Pendo to discuss the data that had been requested by Council members during the CDC Cooperative Agreement discussion. Members indicated their lack of interest based on the fact that the vote had already taken place. Larry argued that the Council needed to establish the link between the evidence-based incidence and the dispensing of funds. Mike Pendo stated that although the specific data was not readily available he will be available to members in the coming days to answer any specific questions. Larry suggested that the Steering Committee will follow-up on this issue and will report back to the Council at the next meeting.

**NEXT HPPC MEETING:** October 14, 1999 (3 to 6 p.m.) @ the Mayors Conference Room at City Hall (Room 201)

**Attached for all members:**

- *Forum Transcript*
- *CDC Cooperative Agreement presentation overheads*
- *Restructuring presentation overhead*

**Attached for absent members:**

- *Process Evaluation Results & Participant Dialogue boxes (8/12 HPPC meeting.)*
- *UCSF – CAPS employment recruitment flyer*
- *Michael Bettinger's paper on new STD prevention model*
- *Research paper handed out by Hank Wilson.*
- *Letter to the HPPC from the Wedge Program*
- *Wedge quarterly report*
- *Two letters addressed to Mr. Katz of the DPH, from Michael Petrelis*
- *Letter addressed to Mr. Hall of the SF Chronicle, from Michael Petrelis*
- *Letter addressed to Dr. Klausner of the DPH, from Shawn O'Hearn*
- *Draft Resolution from Shawn O'Hearn*
- *HIV Prevention Director's Report (9/9/99)*

Minutes written by: Amalia Fernández-Niewendorp, Polaris R & D, Inc.
Minutes reviewed by: Larry Meredith, DPH Interim Co-Chair, Toni Young Co-Chair and Dredge Co-Chair

# San Francisco HIV Prevention Planning Council Meeting
## October 14, 1999
## Mayor's Conference Room at City Hall
Van Ness at Grove

Meeting called by Cochairs: Dredge Byung'Chu Kang, Larry Meredith, AToni Young

*All agenda items include time for public comment*

| | | |
|---|---|---|
| 3:00pm | Food, welcome, introductions, announcements | *Monika Hudson* |
| 3:05pm | Review and approval of minutes from 9/9/99 | *Monika Hudson* |
| 3:10pm | General Public Comment | *Monika Hudson* |
| 3:20pm | New Business/ Council Member Agenda Input | *Monika Hudson* |
| 3:30pm | Co-chairs Report | *Dredge Byung Chu Kang, Larry Meredith, A Toni Young* |
| 3:40pm | Update on Motion Proposed 9/9 | *Kristin duBay Horton, Michael DeMayo* |

*A motion was put on the floor regarding partner notification (aka contact tracing) and HIV reporting in San Francisco at the September 9th HPPC Meeting. The steering committee requested that technical support give a brief presentation on the current policy on the issues raised in the motion prior to the vote. A briefing package has also been included in this mailing. (Possible Vote on the motion)*

3:55pm Cultural Competency Update — *Michael DeMayo*

*At the August meeting Norm Nickens discussed the new health department wide policy, policy 24, which essentially duplicates the cultural competency tool designed by the HPPC. As requested, technical support has reviewed the two tools and will give a brief summary of their similarities and differences. (possible vote)*

:05 pm STD Update and Report — *Jeff Klausner*

*The director of the STD division of the Health Department will give a brief presentation on the STD Annual Report and entertain questions on it. A copy of this report has been included in this mailing so members can come in prepared to ask questions.*

:20pm BREAK

DOCUMENTS DEPT.

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4:30pm Restructuring Discussion *Dredge Byung'Chu Kang, Larry Meredith, A Toni Young*

*Discussion began at the September meeting on the need for an updating of the HPPC to better meet the needs of Prevention Planning in 2000 and beyond and to incorporate lessons learned in the first five years of this process both from San Francisco and beyond. The co-chairs will present the steering committees plan for accomplishing this work for HPPC discussion and a vote.*

5:55pm Closure and Evaluation

***Note, all meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.***

**UPCOMING MEETINGS:**

HPPC Meeting: Thursday November 18th, 3pm-6pm, Location TBA

HPPC Meeting: Thursday December 9th, 3pm-6pm, Location TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

# HIV PREVENTION PLANNING COUNCIL
## Minutes Summary of October 14, 1999

**1. F OD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS**
Meeting convened on time. Everyone was welcomed and introduced. A series of announcements were made including but not limited to: available sponsorship to US Conference on AIDS, draft guidelines for respectful engagement, etc. See minutes for all.

**2. REVIEW AND APPROVAL OF THE 8/12 MINUTES**
Minutes were approved with no revisions. The vote outcome was 18 - in favor, 0 - opposed, 4 - abstained and 9 -absent.

**3. GENERAL PUBLIC COMMENT**
The following individuals spoke during public comment.
14/99
- Dave Pasquarelli – regarding Rev. Falwell recent tele-visit and a recent abcnews.com article.
- Michael Petrelis – announced e-mail address, discussed "respect", and announced AIDS Accountability project meeting.

**4. NEW BUSINESS/COUNCIL MEMBER AGENDA INPUT**
Members discussed the presence of security, conflict of interest. Congressional Black Caucus funding, and providers technical support trainings. It was agreed that the issues of security and conflicts of interest would be added to the agenda. It was also agreed that the technical support issue would be investigated.

**5. CO-CHAIRS REPORT**
HIV Prevention Director's Report and HPPC Co-Chairs report distributed and summarized.

**6. UPDATE ON MOTION PROPOSED ON 9/9/99**
Motion content presented and discussed by members. After considerable deliberation, a motion, a question to the motion, the Council voted in favor of tabling the discussion in order to have steering committee further review the resolution and report back to the Council within 60 days. The vote outcome was 10 - in favor, 8 - opposed, 4 - abstained, 9 -absent, and 0 - not present.

**7. CULTURAL COMPETENCY UPDATE**
Technical support provided members with presentation (overheads attached.) After brief discussion Council voted in favor of recommending the addition of CCAT elements that are not include in Policy 24 as optional questions for prevention providers. The vote outcome was 18 - in favor, 0 - opposed, 2 - abstained, 9 -absent, and 2 - not present.

**8. STD UPDATE AND REPORT**
STD Prevention Section provided members with a presentation (overheads attached.) Staff agreed that it would get more screening information to the Council within the next 4 weeks. It was also suggested that the STD Prevention Section provide the Council with data pertaining to the total number of test administered by the DPH.

**9. BREAK**

**10. RESTRUCTURING DISCUSSION**
Restructuring plan presented. After brief discussion Council voted in favor of creating a task force to develop a restructuring plan. The vote outcome was 12 - in favor, 6 - opposed, 1 - abstained, 9 -absent, and 3 - not present.

**11. CLOSURE/EVALUATION**
It was requested that the Council consider voting of the enforcement of existing HPPC policies (attendance, etc.) Martha won the US Conference on AIDS sponsorship, with Maria and Sister acting as alternates.

DOCUMENTS DEPT.

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***NEXT HPPC MEETING:*** *November 18, 1999 (3 to 6 p.m.) @ the Mayors Conference Room at City Hall (Room 201)*

# HIV PREVENTION PLANNING COUNCIL
## Minutes of October 14, 1999

**Members Present:**
Bill Barnes
Michael Bogan
Carla Clynes
Al Cunningham
Manny DaCalanio
Michael Discepola
Lyn Fischer-Ponce
Sister MaryMae Himm
Janetta Johnson
Dredge Byung'chu Kang
Byron Mason
Mazdak Mazarei
Willi McFarland
Larry Meredith
John Newmeyer
Shawn O'Hearn
J. Colin Partridge
Nancy Pollard
María Rinaldi
Father River Sims
Martha Ugarte-Ortiz
John Blake West
A. Toni Young

**Members Absent:**
Marcos Bañales
Anthony Cadavas
Kimberly Gallant
Judy Kaw
Stephen King
Jennifer Lorvick
Melinda Martin
Jorge Ortiz

**Leave of Absence**
Tracey Packer

**Facilitator:**
Monika Hudson

**Process Evaluation Team:**
Wendy Hussey
Kathleen Roe
Kevin Roe

**Harder + Co:**
Dara Coan
Kristin duBay Horton
Michael DeMayo

**Polaris R & D, Inc.:**
K. Simone Ferguson
Amalia Niewendorp

**Guests:**
Viva Delgado, DPH/HIV Prevention Section
Danielle DuCaine, Mayor's Office
Steven Gibson, STOP AIDS Project
Gwen Hammer, DPH – STD Section
Charlotte Kent, DPH – STD Section
Grace Kiboneka, Westside Inner City WHPP
Jacqueline McCright, DPH – STD Section
MareeKay Parisi, DPH/HIV Prevention Section
David Pasquarelli, ACT UP! SF
Michael Petrelis, AIDS Accountability Project
Katy Turner, DPH – STD Section
Rebeka Wawryszuk, IRIS Center

**DPH/HIV Prevention Section:**
Elizabeth Davis
Brian Dobrow
Delia Garcia
Gigi Gregory
Charles Kline
Betty Chan Lew
Kate MacLaughlin
John Pabustan
Valerie Kegebein-Rose
Peter Twyman

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### 1) Food, Welcome, Introductions, Announcements

*Larry Meredith and Toni Young*

- Announced that there was an available sponsorship for attending the US Conference on AIDS in Denver. Those interested were asked to submit their names for a drawing at the end of the meeting. Toni explained that the first member selected will have the opportunity to attend the conference unless their schedule does not allow it. The other two names chosen will act as alternates.

*Monika Hudson*

- This is the first meeting for Monika as facilitator. She explained her intent is to facilitate the discussion and help create a smooth process.

*Larry Meredith*

- There were two incidences of harassment that occurred recently, one with Toni Young and the other in the STD Section office. Larry explained that the incidences prompted a closer look at the Rules of Respectful Engagement. Each member was given a copy of a draft of guidelines. The purpose of the document is to avoid the use of personal attacks and to encourage debate. Larry welcomed both HPPC members and members of the public to participate in a discussion of the Rules of Respectful Engagement.

*Father River Sims*

- Father Sims submitted a handout and explained that the Temenos Catholic Worker Ministry will celebrate its fifth year anniversary from 1 PM to 5 PM on October 17, 1999 at 1177 Polk Street on the second floor. Everyone is welcome to attend.

*Willi McFarland*

- Willi announced that in future meetings he will provide the Council with update summaries and the Quarterly AIDS Surveillance Report. He referred to this last month's summary and report and pointed out those copies were available at the back table. He explained that the summary includes the total number of cases and deaths by race, age, and gender. He explained that the reports are limited since the cases reflect when they were reported and not when individual cases were diagnosed. He will also update the Council with the monthly STD reports as well as other recent AIDS cases data. He also submitted a handout featuring the article, "Whom Does Partner Notification for HIV Infection Serve in San Francisco? A Review of Counseling and Testing Data from 1995-1997", Aids and Behavior, Vol. 3, No.3, 1999.

*Michael DeMayo*

- Michael introduced Dara Coan who would be replacing Kristen duBay Horton at Harder + Co.

*Bill Barnes*

- Bill submitted a written memo describing the role of appointed officials relative to the political process per the Ethics Commission as well as the HIV Prevention for In-School Youth initiative. He also introduced Danielle DuCaine who has recently joined the Mayor's Office of AIDS & HIV Policy.

- As part of their effort to respond to requests for comment from the Department of Children, Youth and Their Families for the citywide Children's Services Plan (CSP), the Mayor's Office is launching an analysis of HIV prevention and health education programs for in-school youth, and attempting to determine their relative risk behaviors.

*Dredge Byung'Chu Kang*

- The API Wellness Center is recruiting for the position of Research Assistant/API MSM Youth. To apply, applicants must mail or fax a resume and cover letter indicating the desired position to: Human Resources Manager at 730 Polk Street, fourth floor, San Francisco, CA 94109. Fax # (415) 292-3404.

- Dredge will also be taking a leave of absence until early in December.

**2) Review and Approval of minutes from 9/9/99**

Toni asked if there were any comments or revisions to the minutes of the HPPC 9/9 meeting. There were none. *A motion and a second were made that the Council approve the minutes of the September 9 HPPC meeting.* Technical support staff documented the vote. The motion passed with:

| | |
|---|---|
| In favor: | 18 |
| Opposed: | 0 |
| Abstain: | 4 |
| Absent: | 9 |
| Not present: | 0 |
| **Total:** | **31** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | | | X | |
| Bill Barnes | | | X | | |
| Michael Bogan | | | X | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | X | | | | |
| Al Cunningham | | | X | | |
| Manny DaCalanio | X | | | | |
| Michael Discepola | X | | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | X | | | | |
| Kimberley Gallant | | | | X | |
| Nancy Pollard | X | | | | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | | | | X | |
| Dredge Byung'chu Kang | X | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | | | | X | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | X | | | | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | X | | | | |
| Jorge Ortiz | | | | X | |
| J. Colin Partridge | X | | | | |
| María Rinaldi | | | X | | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | X | | | | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |

**3) General Public Comment**

*Dave Pasquarelli, ACT UP! San Francisco*

Dave Pasquarelli reported that the Reverend Jerry Falwell recently visited San Francisco and tried to convert homosexuals to heterosexuality. He expressed his concern and outrage that there is little difference between the fundamentalism of the Christian Right and the fundamentalism of the DPH HIV Prevention Section components since they are both attempting to change a public

lie into a social norm regarding the health risks associated with gay sex. He referenced bathhouse prohibition and bogus syphilis reports from the STD Section as examples of a conspiracy to label gay people as public health menaces and prohibit gay sex. He added that equating gay sex with destructiveness is not only dangerous and counterproductive to the Health Department's mission, but also contributes to lowering the self-esteem of gays.

He also distributed copies of an Internet article from ABCNEWS.com by Nicholas Regush entitled, " Dare We Rethink AIDS? Maybe it's Time to Look at HIV in Different Ways."

*Michael Petrelis, from the AIDS Accountability Project*
Michael Petrelis announced his new e-mail address: mpetrellis@aol.com. He referred to last month's Council meeting when the Department of Public Health discussed respect. He then asked members how respect could be an issue when full-page ads were featured in the gay press three months ago depicting lies about syphilis outbreaks in San Francisco.

There will be a meeting of the AIDS Accountability Project on Monday, October 18th at 7 PM. Interested parties should contact Michael Petrelis at his e-mail address for further information and location. The topic of discussion will be the existence of the Health Department's rules for the HPPC and where they are written. He asked why certain people were able to "bend" the rules. He added that everything from the Department of Public Health would be questioned until evidence of these rules was provided.

**4) New Business/Council Member Agenda Input**
María Rinaldi asked that the presence of security at HPPC meetings and conflicts of interest be added to the next meeting's agenda. She stated that she has raised the issue of security several times without response. She also added that at one point it was a conflict of interest for Bill Barnes to be an HPPC member, yet now he was at the table. She asked what had changed since his resignation to remove the conflict of interest.

Bill responded that at the time of his resignation it was an issue of time commitment and not conflict of interest. At the time of his initial appointment (this time around), no one from the Council complained. He added that it is his belief that his position at the Mayor's office does not constitute a conflict of interest.

He then asked to calendar for discussion: direct funding of community-based providers represented by the CDC under the Congressional Black Caucus Initiative and in-school youth and the lack of participation by the Unified School District that is required to participate and has not shown up at any of the meetings.

Michael Discepola reported that the issue of security within the HPPC meetings has been discussed at the Steering Committee meetings and anyone interested may attend those meetings.

María raised her concern that providers of agencies have had to pay by personal check for their technical support training. She stated that not everyone has the ability to pay by personal check and the DPH should assume responsibility for sending providers to training. Lyn suggested that the problem might be due to state policy and not Department of Public Health Policy.

Toni stated that the issues of security and conflicts of interest would be added to the agenda and that technical support trainings for providers would be investigated to determine the state or federal level of responsibility.

**5) Co-chairs Report**
Toni directed member attention to the Co-chairs report and explained briefly about the Steering Committee meeting with Wedge. The Co-chairs are reviewing the "parking lot" topics for discussion to determine whether anything could be handled "off line". She added that copies of the UCHAPS report were available at the back table.

**HIV Prevention Directors Report**
Larry briefly summarized his report. He informed members that an additional $372,600 has been received as a supplemental augmentation for the HIV Prevention for Positives Project and the RFP was released on October 4th. He then introduced Charles Kline and John Pabustan as the newest staff members of the HIV Prevention Section. The web page has been completed and will be posted within the next week.

The City Clinic was the target of vandalism on October 4th when members of ACTUP San Francisco entered the STD Surveillance Office of DPH, verbally harassed staff and tore posters off the wall. The Department is very concerned about increasing incidents of harassment to community volunteers and staff, and is committed to ensuring that everyone's health and safety are preserved.

**6. UPDATE ON MOTION PROPOSED ON 9/9/99**
Toni clarified that at the last meeting Shawn O'Hearn had introduced a resolution regarding the CDC Detuned Elisa "Contact Tracing" Plan for HIV Prevention. The Steering Committee reviewed the resolution and received additional information through a presentation regarding the topic. She introduced Shawn who would be discussing the revised version of the resolution dated 10/14/99.

Shawn explained that he had introduced the resolution because of his genuine concern that the CDC was moving towards name based reporting for HIV cases. He expressed his opposition towards this CDC direction and briefly summarized the course of events that had taken place in the last month. He began by following the rules of order specified by the parliamentarian -- submit the resolution for review by the Steering Committee in order to have subsequent discussions at the full Council meeting. Shortly after he was informed that that the lead investigator of the SF HIV Contact Tracing Program (Willie McFarland) would be presenting to the Steering Committee regarding the resolution. Although Shawn was asked to attend the meeting (as a spectator) he did not do so and added that it was his belief that a presentation by Willie was a clear example of a conflict of interest. In asking for evidence of bylaws addressing resolutions and possible recourse, Shawn was informed that there was nothing in the bylaws to address this issue. He requested the current San Francisco Health Department policy that supports only **voluntary**, client centered, non-coercive partner notification services.

He referred to the BAR article by Terry Beswick[1] that discusses funding and possible use of contact tracing as a form of HIV prevention. He reiterated his preference against this course of action regarding HIV prevention. Lastly, Shawn pointed out the changes to the first draft resolution (dated 9/9/99) that had been made after discussion and input from other Council members. See attached resolutions for changes.

***Shawn made a motion that the HPPC accept and support the revised resolution. Sister seconded the motion.***

**Council Discussion and Public Comment**
Kristin briefly summarized a series of overheads[2] that clarified terms and issues of the resolution. Willi provided a brief history of the rationale used by the DPH to reach their current stance on this topic. He then addressed Shawn and stated that although he shares some of the concerns about the ramifications of this particular issue he feels that there is a need to separate out the specific components -- names reporting, mandatory testing and partner notification. Shawn reiterated that anything that relates to people investigating individuals' sexual lives (partners, etc.) is unacceptable.

Michael Petrelis commended Shawn for bringing the issue to the table. He considers it important to have this type of issue publicly debated. He expressed his disgust at the process that Shawn had to go through to get to this point of the discussion. He added that it is his belief that the Council is failing in its responsibility to provide a forum for issues of this very important nature. He also pointed out the notion of conflict of interest as it pertains to Willie McFarland (working at the AO and is connected to CAPS). He stated that the process is being driven by money and is based on "bomb" imagery. Lastly he stated that the trust is not there and the gay community does not and will not support the direction that requires giving out any information about their sexuality.

David Pasquarelli expressed his concern that Willie McFarland (who is associated with research institutions) is pushing the notion of mandatory HIV reporting and partner notification. He reiterated the claims that his participation is a conflict of interest. The two topics are linked and can't be divorced. Looking at the context of the issue, he noted that it is no coincidence that the CDC HIV Surveillance report is moving away from documenting AIDS cases and moving towards looking at HIV infections. They have eliminated two tables in the document that look at cumulative AIDS cases and AIDS cases broken down by (UNABLE TO HEAR.) Meanwhile they have expanded the report by hundreds of pages that look at every conceivable breakdown of HIV infection. He added that the reason this is being done is obvious – where AIDS cases are a fixed end point, HIV infection or the rate of HIV infection can be easily manipulated with increased screening. As a result we see funding pouring into the research institutions to do increased screening.

In regards to the HIV antibody testing, "informed consent" is not being enforced. It is his belief that the test is unreliable and should be banned immediately. He added that the idea of reporting individual status on this test through the CDC to the government is a very dangerous proposal.

[1] "HIV Contact Tracing Project Extended in SF" BAR article dated 10/7/99
[2] Attached for all members.

The use of this test is a way to terrorize people into a state of vulnerability and in this state push experimental toxic treatments down their throats. In closing, he stated that the idea of early detection is purely speculative. The assertion that the detuned Elisa can correlate infection with a certain amount of time has not been proven. Yet, the gay community is being given this as concrete evidence and is being guided in that direction.

Sister agreed that the detuned Elisa is still in the experimental stage and therefore not conclusive evidence. The stigma of being HIV positive has not reduced. Any remote indication of mandatory or increased coercion into voluntary testing, names reporting, contacting tracing, etc., will continue to drive this disease under ground. He expressed his support of this resolution and claimed that he would support going a step further – in including language that clearly states that the HPPC sees mandatory anything as a hindrance to prevention efforts.

Bill Barnes expressed his support of the resolution with a few changes. The changes he noted are:

- ✓ 3rd whereas – change **will** discourage… to **may** discourage…
- ✓ 4th whereas – correct spelling for counseling
- ✓ 7th whereas – strike all
- ✓ 2nd be it resolved – strike '**or even expanded voluntary…**'

As for the latter, he explained that the HPPC can go on record of its opposition to mandatory contact tracing and its ineffectiveness as an HIV prevention strategy. María pointed out that even though there is a difference between mandatory and voluntary, just the remote possibility of someone getting your information (by requesting it as a voluntary option) can deter someone from testing. She recommended that the second **be it resolved** not be modified. She expressed her support of the resolution and stated that she will oppose anything that infringes on the civil rights of individuals.

Al noted that the resolution seems more suited for individuals of the community that are already empowered. For other segments of the community, this service is instrumental in saving lives. He expressed his opposition of the resolution. John W. noted that the resolution was framed in terms of the detuned Elisa. Although he personally finds mandatory and expanded contact tracing or partner notification abhorrent, he is not sure what is being recommended by the resolution. Shawn referred to the BAR article dated 10/7/99 and pointed out that "…epidemiologists believe (detuned Elisa) might make contact tracing acceptable in the AIDS-affected communities as a form of HIV prevention…" He noted that the use of this tool, which may or may not be useful in some regard, is being used as one of the mechanisms to encourage and proceed in the direction of more expanded testing.

John W. noted that he would find the resolution more acceptable if the detuned Elisa was not specifically the point of reference for the resolution as opposed to mandatory partner notification in general. He further stated that it was unclear to him how the resolution affects the detuned Elisa project as it currently exists. In closing he stated that for him the issue is much broader than the resolution is stipulating.

Michael Discepola summarized that there seems to be some agreement in the Council about opposing mandatory testing. He then expressed his support for Willie and noted that the information that Willie has and can provide is instrumental in the efforts of this Council. It is part of the Council's responsibility to understand and think about how to prevent new infection and any new technology that may assist them in their efforts should be considered carefully. Contact tracing should be offered, however, it should not be mandatory. He further stated that it is his belief that expanded contact tracing does not equate to mandatory contact tracing. Lastly, he said that although he does not support the resolution as written, he is in favor of several of its points. Lyn agreed and noted that there seemed to be two different resolutions within the proposed resolution. As for notification of partners, in her experience, never once was a partner angry that they had been informed of the possibility of exposure to a disease.

Michael B. first referred to earlier comments about lack of trust and possible deterrents to testing. He recalled his confusion several years ago when a friend had informed him that he would not get HIV tested because he feared the government would force him to disclose. If the trust is not there and a client is unable to sort out the difference between the two things (contact tracing versus HIV testing) it may serve as a fear deterrent and this should be taken into consideration. As for the resolution, he expressed his belief that it is not legitimate to bind future HPPCs to the resolution as stipulated in the first whereas. He added that the complexity of the topic might warrant a continued discussion, rather than rushing into a vote. Martha reiterated that the option to report your HIV status to a partner is purely optional. No one forces you to tell anyone.

Monika explained that *a question was called on the existing motion.* Brian clarified that if a question is called the Council must vote to determine whether to stop debate on said motion. *A vote in favor ceases the debate and a vote opposed continues the debate.* Technical support staff documented the vote. The motion did not pass with:

| | |
|---|---|
| In favor: | 5 |
| Opposed: | 16 |
| Abstain: | 1 |
| Absent: | 9 |
| Not present: | 0 |
| **Total:** | **31** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | | | X | |
| Bill Barnes | | X | | | |
| Michael Bogan | | X | | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | | X | | | |
| Al Cunningham | X | | | | |
| Manny DaCalanio | | X | | | |
| Michael Discepola | | X | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | | X | | | |
| Kimberley Gallant | | | | X | |
| Nancy Pollard | | x | | | |

| | | | | | |
|---|---|---|---|---|---|
| Sister MaryMae Himm | | X | | | |
| Janetta Johnson | | | | X | |
| Dredge Byung'chu Kang | X | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | | | | X | |
| Byron Mason | | X | | | |
| Mazdak Mazarei | | X | | | |
| Willi McFarland | | | X | | |
| Larry Meredith | | X | | | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | | x | | | |
| Jorge Ortiz | | | | X | |
| J. Colin Partridge | | X | | | |
| María Rinaldi | | X | | | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | | X | | | |
| John Blake West | | X | | | |
| A. Toni Young | X | | | | |

María offered a point of clarification in reference to Martha's comments. The resolution does not include partner notification, which is a separate topic all together. After a brief discussion about the validity of that statement and the concerns raised about the need to fully understand the ramifications of the resolution, *Bill moved to table the discussion in order to have Steering Committee further review the resolution and report back to the Council within 60 days. John Blake West seconded the motion.* Technical support staff documented the vote. The motion passed with:

| | |
|---|---|
| In favor: | 10 |
| Opposed: | 8 |
| Abstain: | 4 |
| Absent: | 9 |
| Not present: | 0 |
| **Total:** | **31** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | | | X | |
| Bill Barnes | X | | | | |
| Michael Bogan | | X | | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | X | | | | |
| Al Cunningham | X | | | | |
| Manny DaCalanio | X | | | | |
| Michael Discepola | | | X | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | | | X | | |

| | | | | | |
|---|---|---|---|---|---|
| Kimberley Gallant | | | | X | |
| Nancy Pollard | | | X | | |
| Sister MaryMae Himm | | X | | | |
| Janetta Johnson | | | | X | |
| Dredge Byung'chu Kang | | X | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | | | | X | |
| Byron Mason | | X | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | | | X | | |
| Larry Meredith | X | | | | |
| John Newmeyer | | X | | | |
| Shawn O'Hearn | | X | | | |
| Jorge Ortiz | | | | X | |
| J. Colin Partridge | X | | | | |
| María Rinaldi | | X | | | |
| Father River Sims | | X | | | |
| Martha Ugarte-Ortiz | X | | | | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |

## 7. CULTURAL COMPETENCY UPDATE

Toni summarized that at the August 12, 1999 HPPC meeting Norm Nickens had introduced Policy 24, a DPH initiated cultural competency policy. Based on the discussions of that meeting, technical support staff was asked to review and compare Policy 24 and the HPPC Cultural Competency Assessment Tool (CCAT) developed by the Cultural Competency Task Force. Delia further summarized that Policy 24 was a result of the proliferation of potentially inconsistent standards that were being developed by several different planning bodies as well as the different departments of the DPH.

Michael DeMayo briefly summarized a series of presentation overheads[3]. In reference to a member's question regarding annual evaluation of implementation of Policy 24, he noted that he was not aware of any such requirement. Overall most of the elements of the CCAT are covered by Policy 24. He further explained that the term "partial" on the presentation overheads indicated that the information was addressed in Policy 24 but not to the degree of detail of the CCAT. Where the presentation overheads read "yes" the information requested in Policy 24 is nearly identical to the information requested in the CCAT.

**Council Discussion and Public Comment**

María asked for clarification as to why there was a duplication of efforts. Delia noted that the Cultural Competency Task Force had completed its work on the CCAT prior to the initiation of Policy 24, and was scheduled to pilot test the CCAT when the Health Commission proposed it.

[3] Attached for all members.

After a brief discussion as to the work completed by the Cultural Competency Task Force *Sister moved that the HPPC recommends the addition of CCAT elements that are not included in Policy 24 as optional questions for prevention providers. Father seconded the motion.* Technical support staff documented the vote. The motion passed with:

| | |
|---|---|
| In favor: | 18 |
| Opposed: | 0 |
| Abstain: | 2 |
| Absent: | 9 |
| Not present: | 2 |
| **Total:** | **31** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | | | X | |
| Bill Barnes | X | | | | |
| Michael Bogan | X | | | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | | | | | X |
| Al Cunningham | X | | | | |
| Manny DaCalanio | | | | | X |
| Michael Discepola | X | | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | X | | | | |
| Kimberley Gallant | | | | X | |
| Nancy Pollard | | | X | | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | | | | X | |
| Dredge Byung'chu Kang | X | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | | | | X | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | X | | | | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | X | | | | |
| Jorge Ortiz | | | | X | |
| J. Colin Partridge | X | | | | |
| María Rinaldi | | | X | | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | X | | | | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |

## 8. STD UPDATE AND REPORT

Larry summarized that based on previous Council requests the STD Section staff would be presenting an STD update and the annual STD report. Although the co-chairs had asked Jeff Klausner to present today, he was currently out of town and Charlotte Kent (an epidemiologist for the STD Section) presented on his behalf. Larry re-emphasized the importance of the data and its implication for HIV prevention. Understanding any conflict that would keep Jeff from being here today, Bill expressed his concern that his absence limits the Council's ability to provide critical input to the individual who is directly responsible for developing the section's strategies.

Charlotte summarized a series of presentation overheads[4] addressing STDs. She first discussed the importance of STDs to HIV Prevention. She noted several reasons, including their ability to serve as markers for sexual risk for HIV, the ability of STDs to increase risk of HIV transmission (both risk to contract and through increase of viral load to transmit), and their ability to reduce HIV incidence by 40%.

She then summarized a series of graphs[5] describing the status of STDs in San Francisco. The data comes from both providers and laboratories and although providers are supposed to report positive results, the majority of the statistics in this report comes from laboratories.

In regards to syphilis, the CDC has reported (and it has been alluded to in direct meetings), that rates in the country and in San Francisco, are the lowest they have been since 1955. This is in part providing the impetus for the CDC and San Francisco to begin a syphilis elimination campaign. She pointed out that the gonorrhea rates had a fairly steady decline until about 1996 at which time they began to escalate. Possible reasons for this increase are the new diagnostic tools that have recently become available (i.e., urinary screening) and the expansion of screening in the jails. The fact that this and many of the STDs are asymptomatic, could further explain the lack of cases reported prior to the recent increases. There has been an overall trend of increase in rectal gonorrhea in the last five years. From 1997 to 1998 there was a 22% increase in the number of cases. Unlike the previous increase discussed, there have been no new diagnostic screening tools to detect this type of gonorrhea.

Chlamydia is the most common STD in the country and in San Francisco. The fifth graph (Figure 15) shows a dramatic increase in rates once the disease became "reportable." Due to the asymptomatic nature of the disease, augmented screening has also contributed to the rate increase of this STD. When looking at race and ethnicity, gonorrhea and chlamydia are disproportionately affecting the African American community. Gonorrhea is highest among young women 15 to 19 years of age, while men are somewhere between the ages of 25 and 40 years of age. The development of new screening tools (increase in accessibility) for men may also lead to epidemiological changes in the gonorrhea rates for men. In comparison to the gonorrhea rates, both young women and young men (15 to 19 years of age) are being affected by chlamydia.

The geographic trends of gonorrhea are highly concentrated in the Bayview Hunters Point, Buena Vista Central, and Downtown Tenderloin. When looking at geographic trends of gonorrhea as they correlate to age groups, the magnitude of the problem is clearly seen in South Bayshore

[4] Attached for all members
[5] See attached overheads, numbered 1 through 10.

adolescents (14-20 years of age) and Buena Vista adults (21+ years of age.) Adolescents overall have a far greater risk for STDs, so that has some important implications for prevention efforts. Lastly, Charlotte summarized the STD prevention strategies; including increasing screening and testing, and the development of a community forum on STDs in the MSM/MSMW community.

**Council Discussion and Public Comment**
Dave Pasquarelli challenged that there is no documented evidence to support the statements that STDs increase the risk of HIV transmission and that increased viral load increases an individual's ability to transmit HIV. He noted that having looked at the data (which is based on the HIV antibody test) these statements are speculation only. He emphasized that there is a problem with the reliability of the HIV test because it focuses on antibodies. If a person is infected with gonorrhea, syphilis or chlamydia the body will generate antibodies to combat the infection. He further questioned the lack of actual numbers in the report, specifically the total number of tests administered. Lastly, he asked for clarification on the status of the syphilis outbreak.

Charlotte first responded that there is strong epidemiological data that support the inference that STDs increase the risk for HIV. Unfortunately there have been no actual experiments conducted to prove the inference (it is unethical to expose an STD infected individual to HIV to determine their susceptibility.) Secondly, she agreed that it would be beneficial to know the exact number of tests administered. Although data is available for all of the testing that occurs within the department, it does not include entities outside of the department (i.e., laboratories.) She reiterated that only positive cases are reportable. As for the syphilis outbreak that was associated with an on-line chat room (7 cases) there have been no new cases associated with that outbreak, since the beginning of August '99.

Bill referred to the graphs on gender and noted that it is his belief that the actual STD rates for young men is much higher than what is reported. He explained that young women have a well-developed system of care (Planned Parenthood) whereas young men do not. He asked if there was any additional STD information available for young MSM. Charlotte explained that since sexual orientation is not reported on, specific MSM information is not available. However, the STD section is trying to encourage young MSM to get tested. Through the development of collaborations with agencies like the Castro Mission (where all MSM are screened for chlamydia and gonorrhea) the section is working to get the message out. She explained that it is the intent of the STD section to get more information on screening to the HPPC within four weeks.

María noted that even though data is not available on the total number of tests administered in all of San Francisco, the STD section should be able to provide the total number of tests that the department has administered.

**9. BREAK**

**10. RESTRUCTURING DISCUSSION**
Due to the time constraints Dredge briefly summarized the five basic points proposed for the restructuring process and then *moved that the HPPC create a Restructuring Task Force, to meet weekly until the January HPPC meeting of the full body, with the charge of developing a Restructuring Plan, to include any changes deemed necessary to make the HPPC an effective*

*and efficient planning body within the parameters of the CDC Guidance and other governance requirements, which will be brought to the full body monthly for feedback, with a vote on the plan to occur at the January meeting. Toni seconded the motion.*

**Council Discussion and Public Comment**
Sister expressed concern about the amount of time being allocated to the HPPC restructuring discussions that are to take place during the full Council meetings. *It was agreed that said discussions would be limited to no more than 45minutes.*

Bill expressed his opposition to the motion. He explained that the Council needed to begin discussing HIV prevention again, which he feels it has not been doing for some time. He pointed out that the people currently involved in this process are too vested in the process to determine how to restructure it. Father referred to the past problems of attendance and noted that consideration should be given to the stipulation of weekly meetings (a total of eight) for the proposed Restructuring Task Force members, particularly during the last several months of the year. He recommended two two-hour meetings a month rather than four meetings a month. Michael Bogan expressed his preference to complete the restructuring plan and process in the proposed time period.

Michael Discepola expressed his support of the motion and added that the restructuring would be instrumental in defining the roles and responsibilities, which is clearly needed for this planning body to be effective and efficient. He commended the use of a facilitator, and stated that it was a step in the right direction in aiding the Council process. María asked for clarification as to what the issues for restructuring are and expressed that she was opposed to recreating the wheel. Toni clarified that the issues included membership, accountability, prevention work not being bogged down in the process, etc. María stated that perhaps the issue was not to restructure but rather enforcement of existing policy or even revision of those policies. She also noted that members should take into consideration that any changes voted upon by the Council could not be reversed if a substantial part of the body had not changed.

Bill asked whether there was any data or a report from the process evaluation team regarding the Council's process and its members (past and present) perception of it. Toni noted that there is such documentation and it has been presented to the Council on numerous occasions. She also added that a survey of past members had also been done and provided to Council members.

Sister referred to María's comments about enforcing existing policies. He explained that when he first joined the HPPC nine months ago, the Council was talking about the Brown Act, the Sunshine Ordinance and the Governance Task Force. He reiterated the need to first enforce existing policies to see if that would solve some of the issues. Colin expressed his support of the motion and added that members needed to be aware that neither restructuring, nor enforcement, nor improved attendance is a cure for some of the issues that are going on with the process.

Dredge re-read the motion and clarified that *a vote in favor was for the creation of a task force to develop a restructuring plan, and a vote opposed was against the creation of said task force.* Technical support staff documented the vote. The motion passed with:

In favor: 12

| | |
|---|---|
| Opposed: | 6 |
| Abstain: | 1 |
| Absent: | 9 |
| Not present: | 3 |
| **Total:** | **31** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | | | X | |
| Bill Barnes | | X | | | |
| Michael Bogan | X | | | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | | | | | X |
| Al Cunningham | X | | | | |
| Manny DaCalanio | | | | | X |
| Michael Discepola | X | | | | |
| Brenda Escobar | | | | X | |
| Lyn Fischer-Ponce | X | | | | |
| Kimberley Gallant | | | | X | |
| Nancy Pollard | | | X | | |
| Sister MaryMae Himm | | X | | | |
| Janetta Johnson | | | | X | |
| Dredge Byung'chu Kang | X | | | | |
| Stephen King | | | | X | |
| Jennifer Lorvick | | | | X | |
| Melinda Martin | | | | X | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | | | | | X |
| Willi McFarland | X | | | | |
| Larry Meredith | X | | | | |
| John Newmeyer | | X | | | |
| Shawn O'Hearn | | X | | | |
| Jorge Ortiz | | | | X | |
| J. Colin Partridge | X | | | | |
| María Rinaldi | | X | | | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | | X | | | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |

Dredge asked for a show of hands from members interested in participating on the task force. Toni noted that these members would be notified of the meeting dates and time in the coming weeks. The six members interested are:

- John Blake West
- Michael Discepola
- Michael Bogan
- Al Cunningham
- Lyn Fischer-Ponce
- Father River Sims

## 11. CLOSURE AND EVALUATION

María asked that the Council consider voting on the enforcement of the existing HPPC policies (i.e. attendance, etc.) Lastly, the names were drawn for the United States Conference on AIDS. The following names were drawn in this order: 1) Martha, 2) María, and 3) Sister.

**NEXT HPPC MEETING:** November 18, 1999 (3 p.m. to 6 p.m.)

**Attached for all members:**

- *Revised draft Resolution from Shawn O'Hearn (dated 10/14/99)*
- *Resolution (9/9 Motion) presentation overheads*
- *Cultural Competency Assessment Tool and Policy 24 presentation overheads*
- *STD update and report presentation overhead*
- *Restructuring presentation overhead*
- *Letter of Resignation from Brenda Escobar*

**Attached for absent members:**

- *Letter from Willi McFarland dated 10/01/99*
- *"Whom Does Partner Notification..." article Vol. 3, No. 3 (1999)*
- *SF Monthly STD Report (prepared 9/24/99)*
- *Quarterly AIDS Surveillance Report (through 9/99) and one page summary*
- *API Wellness Job Announcement*
- *1999 HPPC Council and Committees Meeting Calendar (revised 10/13/99)*
- *HPPC Draft Guidelines for Respectful Engagement*
- *Temenos Catholic Workers Ministry Open House and Art Exhibit flyer*
- *Mayor's Office Report to the SF HPPC dated 10/14/99*
- *Dare We Rethink AIDS? ABCNEWS.COM Internet article dated 10/14/99*
- *HPPC Co-chairs report date 10/14/99*
- *HIV Prevention Directors Report dated 10/14/99*
- *Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) Summary and By-laws*
- *Process Evaluation Results & Participant Dialogue boxes (9/9 HPPC meeting.)*
- *"HIV Contact Tracing Project Extended in SF" BAR article dated 10/7/99*
- *Copies of Policy 24 and the Cultural Competency Assessment Tool*

Minutes written by: Amalia Fernández-Niewendorp and Simone Kweli Ferguson, Polaris R & D, Inc.
Minutes reviewed by: Toni Young, Co-Chair, Larry Meridith, DPH Co-Chair and Gigi Gregory, HIV Prevention Section Staff person.

REVISED 10/14/99


# SHAWN O'HEARN

*Member, HIV Prevention Planning Council*
*(415) 252-7624*


## RESOLUTION FOR CONSIDERATION BY MEMBERS OF THE SAN FRANCISCO HIV PREVENTION PLANNING COUNCIL

**Regarding**

**CDC's DETUNED ELISA "CONTACT-TRACING" PLAN FOR HIV PREVENTION**

*Introduced by Council Member O'Hearn*

**WHEREAS**, California has a LIMITED and VOLUNTARY contact-tracing law and NO mandatory testing law for HIV; and

**WHEREAS**, any coercive and non-voluntary attempts to elicit partner information from the state's mostly gay male HIV population is **against the law** and a blatant invasion of personal privacy; and

**WHEREAS**, any attempt to force people to disclose sexual partners names, addresses and phone numbers will **DISCOURAGE testing for HIV and other STD's;** and

**WHEREAS**, the current model in San Francisco of "client centered" counciling and anonymous testing for HIV empowers individuals with the information and ability to make very personal and private decisions regarding issues around sexual health; and

**WHEREAS**, the detuned ELISA is still an experiment; and

**WHEREAS**, many research studies are conducted in San Francisco due to our unique place in the AIDS epidemic and forcing participants to disclose a sexual partners personal information will **SERIOUSLY RISK** the willingness of the gay male population to participate in often extensive research protocols; and

**WHEREAS**, if EXPANDED "contact-tracing" is implemented in this city there will be a war between gay men and public health officials and a **DECREASE** in people testing for HIV.

**THEREFORE, BE IT RESOLVED**, that preventing new infections in San Francisco is the charge of the HPPC and due to the above reasons and many others **the San Francisco HIV Prevention Planning Council is against any proposal (now or in the future) which would require or implement MANDATORY "contact-tracing" for HIV or MANDATORY HIV testing in San Francisco.**

**BE IT FURTHER RESOLVED**, that the HPPC respectfully requests the San Francisco Department of Public Health, the San Francisco Health Commission, the Center for AIDS Prevention Studies and other researchers to inform and educate the CDC that mandatory or even expanded voluntary contact tracing will not work and **is NOT AN EFFECTIVE OR USEFUL HIV PREVENTION STRATEGY.**


DOCUMENTS DEPT.

OCT 29 1999

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PUBLIC LIBRARY

SHAWN O'HEARN
*Member, HIV Prevention Planning Council*
(415) 252-7624

**DRAFT**

**RESOLUTION FOR CONSIDERATION BY MEMBERS OF THE SAN FRANCISCO HIV PREVENTION PLANNING COUNCIL**

**Regarding**
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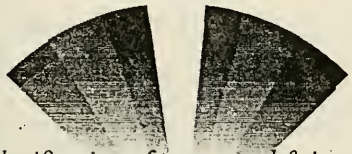
**WHEREAS,** the detuned ELISA is still an experiment; and

**WHEREAS,** many research studies are conducted in San Francisco due to our unique place in the AIDS epidemic and forcing participants to disclose a sexual partners personal information will **SERIOUSLY RISK** the willingness of the gay male population to participate in often extensive research protocols;

**WHEREAS,** if "contact tracing" is implemented in this city there will be a war between gay men and public health officials and a **DECREASE** in people testing for HIV.

**THEREFORE, BE IT RESOLVED,** that preventing new infections in San Francisco is the charge of the HPPC and due to the above reasons and many others **the San Francisco HIV Prevention Planning Council is against any proposal (now or in the future) which would require or implement contact tracing or mandatory testing in San Francisco.**

**BE IT FURTHER RESOLVED,** that the HPPC respectfully requests the San Francisco Department of Public Health, the San Francisco Health Commission, the Center for AIDS Prevention Studies and other researchers to inform and educate the CDC that "contact tracing" will not work and is not an effective or useful HIV prevention strategy.



*Clarification of terms used & issues raised in September 9th Motion*

A presentation from Technical Support
October 14, 1999

## *What's in a name - the many names of contact tracing*

- Contact tracing was introduced by the CDC at the start of the epidemic and described the process to identify sexual and needle sharing contacts of people infected with HIV.
- In the late 80s, the intervention was renamed partner notification - reflecting a more client centered approach to this intervention.
- In the early 90s, the CDC again revised the intervention and renamed it partner counseling and referral services (PCRS),highlighting an emphasis on counseling and linkage to services.

## *Describe Partner Counseling and Referral Services*

- This program is a confidential, voluntary program offered to all clients who test positive to assist them in notifying their partners of their status.
  - By referring a PCRS provider to gather information on partners and attempt to notify the exposed parties of their risk (without identifying the HIV positive individual).
  - By assisting the HIV positive person in informing their partners
- States must offer PCRS - there is no mandate for clients to utilize the service.

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## *What's mandatory about it???*

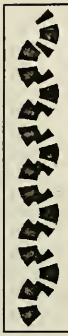
- States are mandated to offer the service.
- States are mandated to attempt to notify parties who have been exposed based on information received from other jurisdictions.
- In no way are clients mandated, or coerced to participate. This is in fact strictly prohibited in the CDC guidelines.

## *How about the mandatory testing issue?*

- HIV testing requires specific informed consent (except on cadavers, or donated organs).
- HIV testing can not be mandated for employment or health insurance (but can be for life or disability insurance).
- HIV testing is required for military service (federal law).

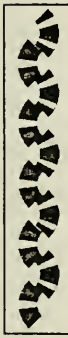
## *What is specific informed consent?*

- Informed consent for all medical tests, experiments, etc require three things:
  - Individuals must know what they are consenting to - its possible risks and benefits
  - Individuals must not be coerced in any way to give their consent
  - Individuals must be able to withdraw their consent at any time



## *More on testing....*

- Some blinded testing does take place without links to an individual and with the consent of local and federal committees for the protection of human subjects.
- Whenever a test result is linked to an individual, however, the informed consent rule applies



## *The Detuned ELISA*

- At the June HPPC meeting a presentation on this study - which uses a test to determine how recently an HIV positive individual was infected with HIV - is ongoing at sites in San Francisco.
- This study is offering insight into how long after becoming infected individuals seek counseling and testing services.
- Both a local and a federal IRB approved this study - which requires informed consent.

**Why STDs Important for HIV Prevention?**

- Marker for sexual risk for HIV – same behaviors put at risk
- STDs increase risk of HIV transmission
  - STDs increase risk of becoming HIV infected 2-5 times
  - STDs increase viral load among HIV infected – may make HIV infected person more infectious
- STD Control is HIV Prevention
  - STD treatment can reduce HIV incidence up to 40%

**Strategy for STD Prevention**

Goal – Healthy Sexual Lifestyle
Emphasis on regular check-ups (STD) and condom use

**Screen and Treat**

- Case finding through screening and partner management
- Innovative treatment – partner delivered therapy

**How increase screening?**

- Work with community targets
  - Young Women –family planning
  - Adolescents – schools, youth guidance center
  - BayView Hunter's Point – out in street and through community agencies
  - MSM – community awareness
- Increase Awareness
  - SF residents so seek and ask for screening
  - Medical providers to offer screening

**Community Forum on STDs in MSM/MSMW**

Format
1. State of the Art in STD Prevention and Control
   - Focus on epidemiology and clinical aspects
2. Prevention Strategies
   - Gay and Bisexual Men
   - Young Gay Men
   - Gay Men of Color

When: Early November
Where: TBA

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1999 October 14
Co-Chairs HPPC Restructure Proposal

Previously, the Co-Chairs have described our rationale for restructuring the HPPC. In addition, the Steering Committee has agreed that the HPPC restructure is necessary. Members of the HPPC have also noted deficiencies with our current organization and process.

The Co-Chairs and Steering Committee have developed the following proposal for the HPPC restructure. We will be voting today on this proposal or related restructure proposals.

Proposed Process

1) A Restructure Task Force is created to take on the task of developing a Restructuring Plan. The Plan will include any changes (e.g. number of members, committee structure, community input processes) deemed necessary to make the HPPC an effective and efficient planning body within the parameters of the CDC Guidance and other governance requirements for the body.

2) Membership in the Task Force is open to all HPPC members and individuals in the community. Voting will be restricted to HPPC members and current voting community members of HPPC committees who attend either or both of the first two Task Force meetings. All other individuals can attend and engage in discussions, but can not vote.

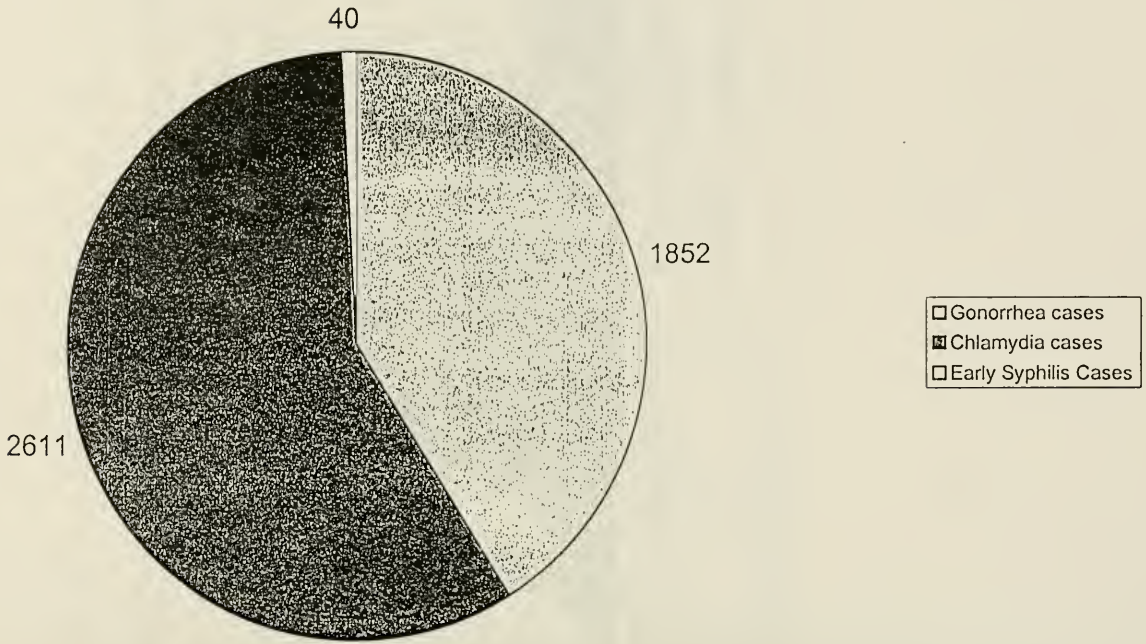
3) The Task Force will meet weekly until the first meeting of the year (January, 2000). As many of the committees have stopped meeting for the year, we expect that a greater number of HPPC members will be able to participate.

4) One to 1.5 hours of each HPPC meeting in November, December, and January will be dedicated to restructuring discussions. Members of the task force will present concepts to the full body for feedback.

5) A final vote to accept the Restructuring Plan of the Restructure Task Force will take place at the January meeting.

Motion
I move that the HPPC create a Restructure Task Force,
to meet weekly until the January HPPC meeting of the full body,
with the charge of developing a Restructuring Plan,
to include any changes deemed necessary to make the HPPC an effective and efficient planning body within the parameters of the CDC Guidance and other governance requirements,
which will be brought to the full body monthly for feedback,
with a vote on the Plan to occur at the January meeting.

# 1998 San Francisco STD Cases



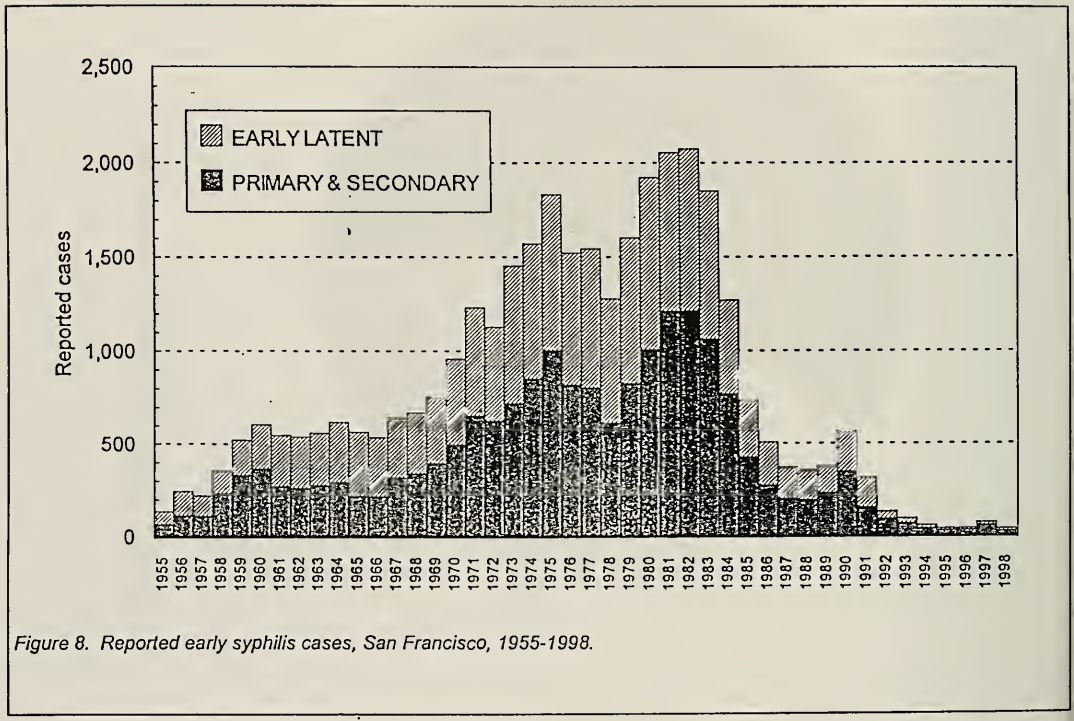



*Figure 8. Reported early syphilis cases, San Francisco, 1955-1998.*

*Figure 3. Gonorrhea rate, San Francisco, 1994-1998.*

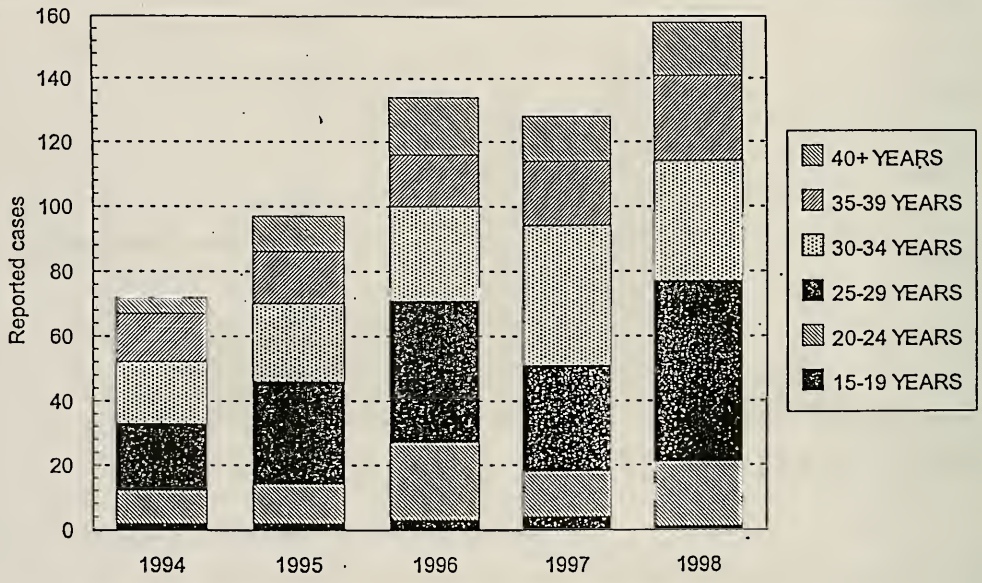



*Figure 7. Rectal gonorrhea cases among males by age group, San Francisco, 1994-1998.*

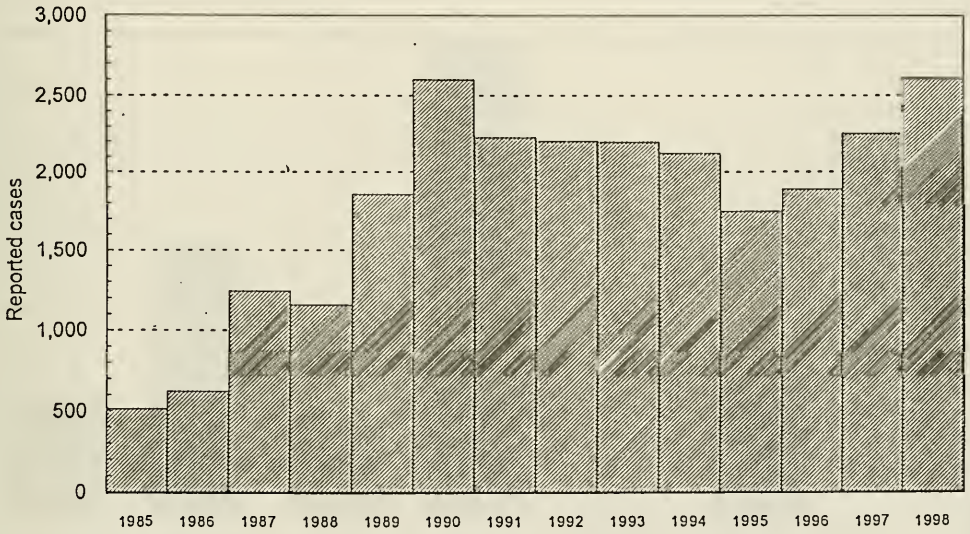



*Figure 15. Reported chlamydia cases, San Francisco, 1985-1998. Note: chlamydia became a reportable disease in 1989.*

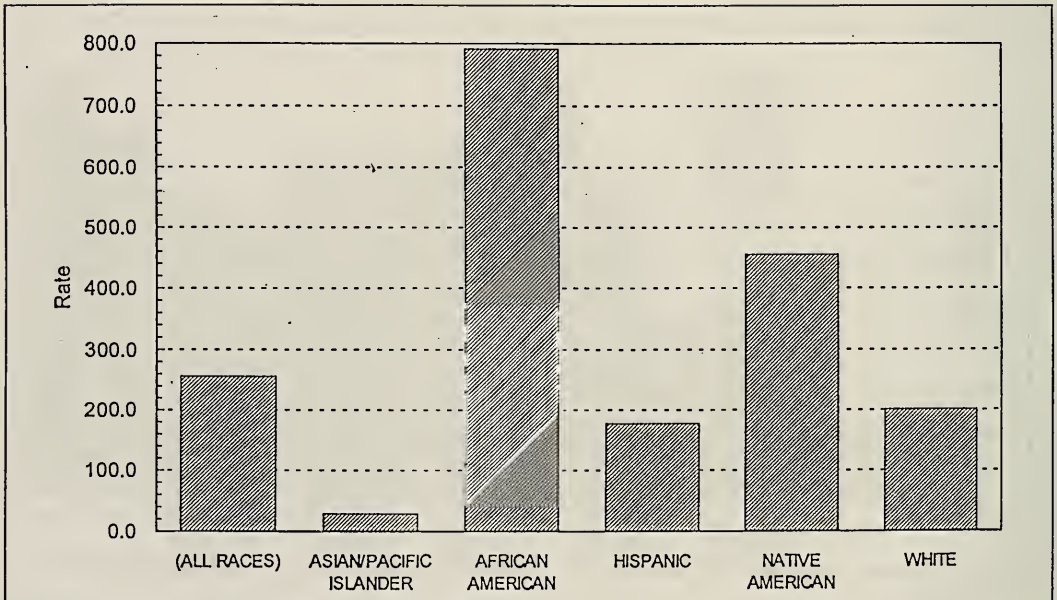



*Figure 25. Gonorrhea rates by race/ethnicity, San Francisco, 1998.*

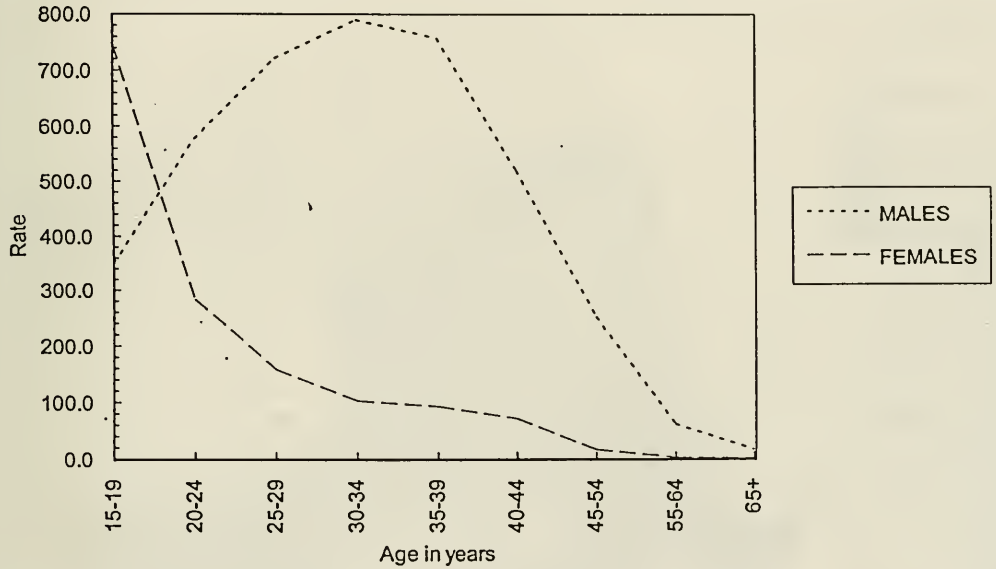



*Figure 31. Age-specific gonorrhea rates by gender, San Francisco, 1998*

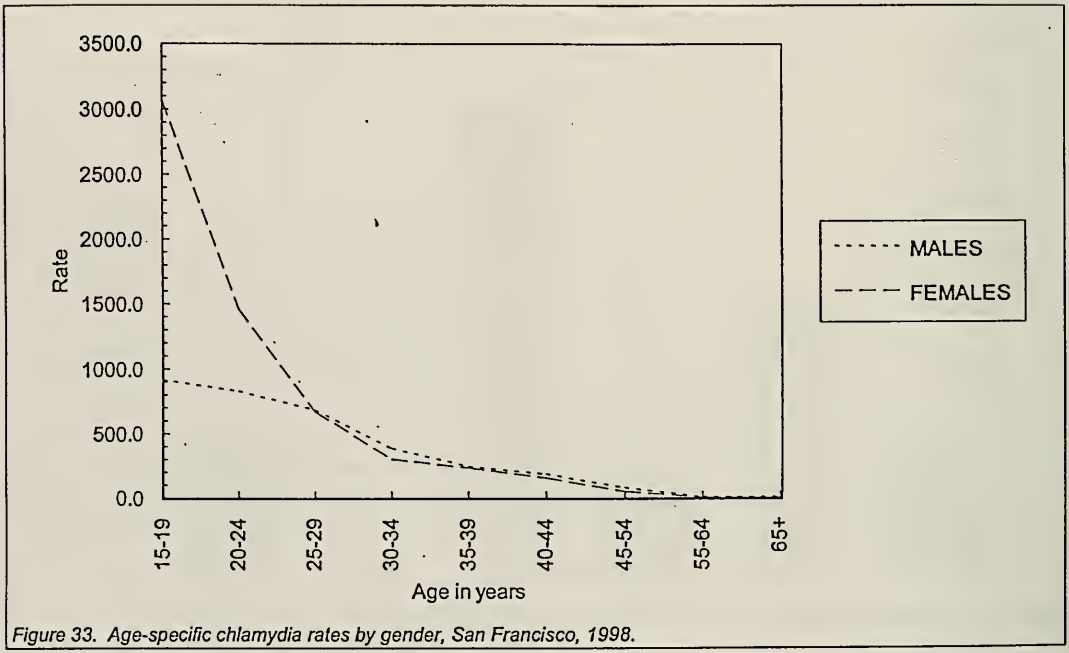



*Figure 33. Age-specific chlamydia rates by gender, San Francisco, 1998.*

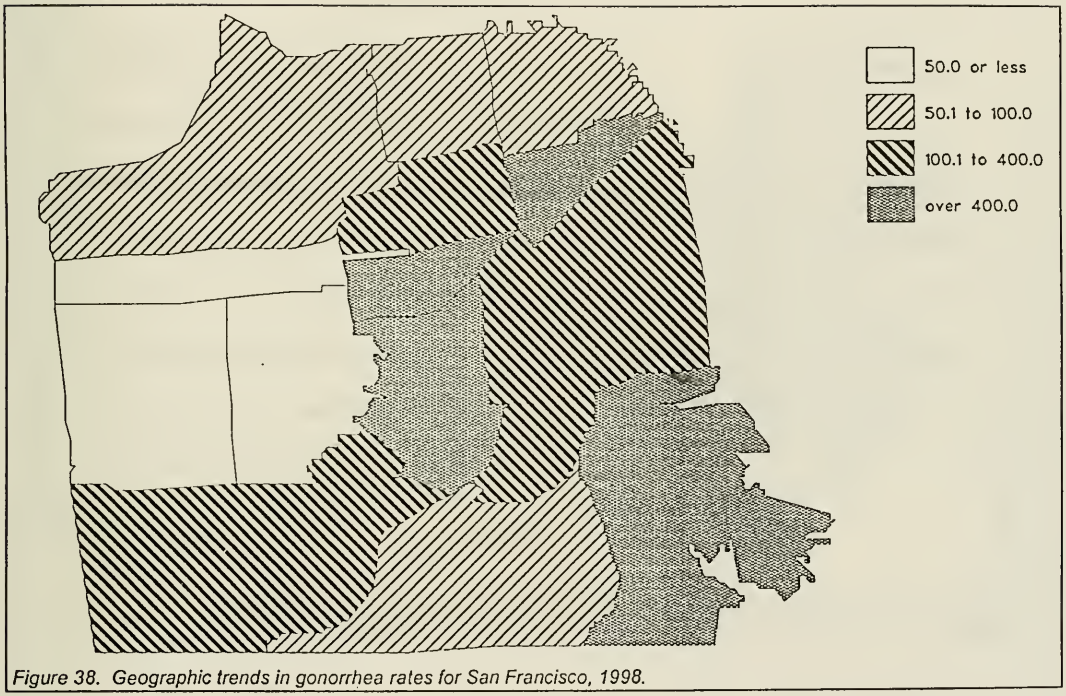



*Figure 38. Geographic trends in gonorrhea rates for San Francisco, 1998.*

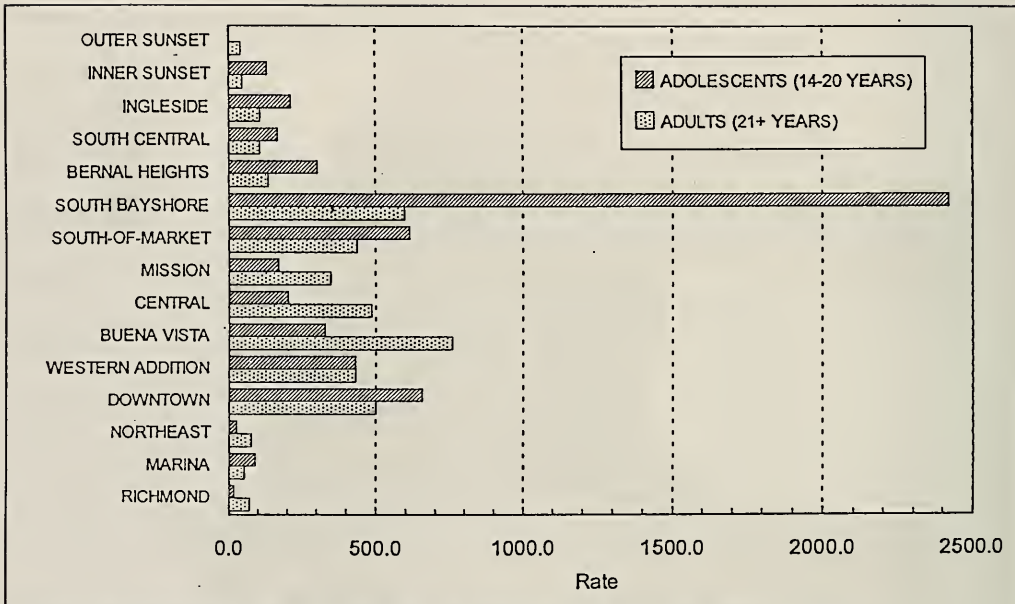



*Figure 65. Geographic trends in gonorrhea rates for adolescents vs. adults, San Francisco, 1998.*

October 14, 1999

To HPPC Members and Co-Chairs,

I am writing to inform members I will be resigning my position as HPPC member, due to school. I will continue to participate as outreach member in the subcommittee, I am not leaving permanently. I have enjoyed my time here and I have learned greatly about councils and how they work. I have learned immensly about communities throughout Sanfrancisco. I will continue to be a member and work closely with the outreach committee I am open to help in any way with volunteering in any HPPC events. I thank you all for your kindness and your continuous work for the fight against AIDS.

Thank You,

Brenda Escobar

Brenda Escobar

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# HIV Prevention Planning Council Meeting
## November 18th, 1999
## Mayor's Conference Room at City Hall
## Van Ness at Grove, San Francisco

Meeting called by Co-chairs: Larry Meredith, A Toni Young
***All agenda items include time for public comment***

| | | |
|---|---|---|
| 3:00pm | Food, welcome, introductions, announcements | *Monika Hudson* |
| 3:10pm | Review and approval of minutes | *Monika Hudson* |
| 3:15pm | General Public Comment | *Monika Hudson* |
| 3:30pm | New Business/ Council Member Agenda Input | *Monika Hudson* |
| 3:40pm | Co-chairs Report | *Larry Meredith, A Toni Young* |
| 3:45pm | HPPC Motion<br>*A motion will be brought to the floor on HPPC attendance and the enforcement of the Bylaws related to dismissal (see attached copy).* | *Maria Rinaldi*<br>VOTE |
| 4:00pm | Election of Co-chair<br>*Candidates for Co-chair, Michael Discepola and Sister Marymae Himm, will present their statements to be followed by an HPPC vote.* | *Larry Meredith*<br>VOTE |
| 4:15pm | Presentation of the Parking Lot<br>*The parking lot, which includes items that HPPC members asked to have considered at future meetings has been reviewed and categorized by the Steering Committee. An update on its contents as well as the ways in which items will be included in the restructuring conversation will be given. This presentation is an attempt to ensure that all HPPC members are kept abreast of the items on the HPPC's plate and to encourage members to be thoughtful when placing new items onto it.* | *Kristin duBay Horton* |
| 4:30pm | BREAK | |
| 4:50pm | Restructuring the HPPC<br>*The Restructuring Task Force will update and discuss with the Council the progress made at its first two meetings and what they plan to accomplish by the December 9 HPPC meeting.* | *Restructuring Task Force* |
| 5:50pm | Closure and Evaluation | *Larry Meredith* |

***Note, all meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.***

**UPCOMING MEETINGS:**
HPPC Meeting: Thursday December 9th, 3pm-6pm, Location TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

# HIV PREVENTION PLANNING COUNCIL
## Minutes Summary of November 18, 1999

**1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS**
Meeting convened on time. Everyone was welcomed and introduced. A series of announcements were made including but not limited to: ensuring security during Council meetings, a report from the members who attended the U.S. Conference on AIDS, good bye announcements from Kristin duBay Horton and Shawn O'Hearn, etc. It was also announced that Tony Leoni passed away on the previous Saturday. Members held a moment of silence in his memory. See minutes for all.

**2. REVIEW AND APPROVAL OF THE 10/14 MINUTES**
Minutes were approved with no revisions. The vote outcome was 13 - in favor, 0 - opposed, 7 - abstained and 7 -absent.

**3. GENERAL PUBLIC COMMENT**
The following individuals spoke during public comment.

- Ronnie Burk – regarding President Mbeki of South Africa's position on AIDS treatment.
- Reid Condit – urged the Council to consult with Mr. Kurt Van Quil on HIV.
- Michael Petrelis—regarding a new monthly magazine called Magnus, and Dr. Willie McFarland's salary.
- Tate Swindell—regarding the Council's follow-up and response the points he and other Act UP! members have raised during Council meetings.

**4. NEW BUSINESS/COUNCIL MEMBER AGENDA INPUT**
Members discussed how the Council will handle discussions on the question of HIV as the cause of AIDS, considering a presentation on the transgender community, and security. Shawn O'Hearn introduced a resolution regarding the accelerated death and disability due specifically to the current aggressive "early intervention" of toxic combo cocktails" in asymptomatic HIV antibody positive people. It was announced that discussion on the question of HIV as the cause of AIDs will take place during Strategic Evaluation Committee meetings. It was also agreed that Shawn O'Hearn's new resolution should go to the Parking Lot and the Steering Committee.

**5. CO-CHAIRS REPORT**
HIV Prevention Director's Report and HPPC Co-Chairs report was distributed. The report had been augmented to indicate tha the application for Director of HIV Prevention Services closes at the end of November. DPH would like 2 Council members tc sit on the review panel. On where to send a letter of interest in a panel seat, see full minutes.

The following individuals gave public comment:
- Michael Petrelis regarding framing the issue of security during Council meetings and the public service ads produced by th SFDPH regarding syphilis.
- Ronnie Burk announced that San Francisco should take a leadership role in the stance against the murder of gay men.

**6. HPPC MOTION**
Motion regarding revising attendance policy and enforcement of by-laws was presented and discussed by members. After deliberation, and a question to the motion, the Council voted in favor of tabling the discussion in order to address the topic in the restructuring committee. The outcome of the call to question was 8 - in favor, 11- opposed, 1 - abstained, 6 -absent, and 0 - not present.

**7. ELECTION OF CO-CHAIR**
The outcome of the vote for co-chair was 9 -Michael Discepola, 7 –Sister Marymae Himm, 5 –abstained, 5 –absent, 0 –not present. Michael Discepola took the seat as the new co-chair.

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**8. PRESENTATION OF PARKING LOT**
Technical support provided members with a presentation (overheads attached.).

**9. BREAK**

**10. RESTRUCTURING DISCUSSION**
Restructuring committee members presented the idea to use the 9 points from the CDC Guidance to define roles and responsibilities for the Council. The 9 points were shown on the overhead projector. Committee members also presented the

idea of cross-referencing Council agenda items with the 9 points to ensure that the Council remains on task. Council members were encouraged to attend Task Force meetings. Concern about the minutes of the Task Force meeting were raised. It was decided that minutes of Task Force meetings will be sent in pre-meeting packets.

**11. CLOSURE/EVALUATION**

# HIV PREVENTION PLANNING COUNCIL
## Minutes of November 18, 1999

**Members Present:**
Marcos Bañales
Michael Bogan
Carla Clynes
Michael Discepola
Lyn Fischer-Ponce
Sister MaryMae Himm
Janetta Johnson
Byron Mason
Mazdak Mazarei
Willi McFarland
Larry Meredith
John Newmeyer
Shawn O'Hearn
J. Colin Partridge
María Rinaldi
Father River Sims
Martha Ugarte-Ortiz
John Blake West
A. Toni Young

**Members Absent:**
Anthony Cadavas
Manny DaCalanio
Kimberly Gallant
Melinda Martin
Jorge Ortiz
Nancy Pollard

**Leave of Absence**
Tracey Packer

**Facilitator:**
Monika Hudson

**Process Evaluation Team:**
Wendy Hussey
Kevin Roe

**Harder + Co:**
Dara Coan
Kristin duBay Horton
Michael DeMayo

**Polaris R & D, Inc.:**
Lisa Manning
Amalia Niewendorp

**Guests:**
Ronnie Burk, ACTUP, San Francisco
Reid Condit
Steven Gibson, STOP AIDS Project
Michael Petrelis, AIDS Accountability Project
Tate Swindell, ACTUP, San Francisco
Danielle DuCain, Mayor's Office

**DPH/HIV Prevention Section:**
Elizabeth Davis
Delia Garcia
Gigi Gregory
Susan Scherr
Peter Twyman

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### 1) FOOD, WELCOME, INTRODUCTIONS, ANNOUNCEMENTS
*Larry Meredith*

- Announced that María Rinaldi will be arriving late, but will be present when her agenda item is introduced. Kimberley Gallant will be an hour late, and Kathleen Roe will be unable to attend.
- Assured members and guests that the issue of security had been discussed and the building is secure. He has alerted the sheriff's deputies that they may be called to maintain order as decided for respectful engagement. The Council is experimenting with a closed circle of tables, which is only open for presentations, and only at the invitation of Council. He has been unable to secure someone at City Hall to arrange the tables, until someone is contracted to arrange the tables, willing and able Council members are asked to arrive early at meetings and help arrange them.
- Asked if there were any changes to the agenda, and noted the shift in chairperson and facilitator.
- Brian Dobrow, who served as parliamentarian is taking a 6 months leave of absence for health reasons. He is wished a speedy recovery. Larry has interviewed someone for the position of parliamentarian and someone should have the position for the next meeting. It is the co-chairs duty to determine the parliamentarian.

- Tony Leone passed away last week. He was a parliamentarian, and an active person on the Care Council. Larry proposed that the Council take a moment of silence to remember Tony Leone. The moment of silence was taken.

*Toni Young*

- Handed out the Co-chairs Report, which is an update on UCHAPS.. UCHAPS recently held elections from which individuals were appointed or elected to the AIDS Action Council and Prevention Committee. She, Martha and Larry attended the U.S. Conference on AIDS. Martha reported that the workshop was great. Toni attended a workshop with Larry on parity, representation, and inclusion (handout attached).

*John Blake West*

- He is Program Chair for the Lesbian, Gay, Bisexual, and Transgender Caucus of the American Public Health Association. Next year's conference will be in Boston in November. There is a call for abstracts. The deadline in February 1st. Anyone who is interested in submitting an abstract should call him.

*María Rinaldi*

- Asked if there would be an opportunity for her to give comments about security Larry responded that comments could be given during the New Business agenda item.

*Sister Marymae Hinm*

- Distributed "Play Fair"pamphlets for each person to take to his or her agency.

*Carla Clynes*

- Currently collecting data. Report will be ready in December. Have held 4 focus groups, with 2 more to conduct. Begun outreaching late at night, which is working well.

*Shawn O'Hearn*

- Announced that this is his last meeting of his 2-year appointment to the Council. Handed members a good-bye letter.

*Al Cunningham*

- Apologized for being late.

*Michael Petrelis*

- Asked for clarification on how to respond to the chair without his response counting against his public comment response time. Larry told him to respond during the Co-chairs and Director's report agenda item.

*Elizabeth Davis*

- On 12/1 there will be an Outreach Providers meeting at the AIDS office. She can be reached at 554-9954.

*Kristin duBay Horton*

- Announced today as her last meeting.

*Danielle* DuCain

- Bill Barnes is not able to attend today's meeting because he is coordinating events for World AIDS Day.

*Michael DeMayo*

- Commended Kristin for making an exemplary contribution to the HPPC.

**2) REVIEW AND APPROVAL OF MINUTES FROM 10/14/99**

*A motion and a second were made that the Council approves the minutes of the October 14 HPPC meeting, with no revisions.* Technical support staff documented the vote. The motion passed with:

| | |
|---|---|
| In favor: | 13 |
| Opposed: | 0 |
| Abstain: | 7 |
| Absent: | 6 |
| Not present: | 0 |
| **Total:** | **26** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | | X | | |
| Bill Barnes | | | | X | |
| Michael Bogan | | | X | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | | | X | | |
| Al Cunningham | X | | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | X | | | | |
| Lyn Fischer-Ponce | | | X | | |
| Kimberley Gallant | | | | X | |
| Dave Hubbard | | | | X | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | | | X | | |
| Melinda Martin | | | X | | |
| Byron Mason | | | X | X | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | | | | | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | X | | | | |
| Jorge Ortiz | | | | X | |
| J. Colin Partridge | X | | | | |
| María Rinaldi | X | | | | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | X | | | | |
| John Blake West | X | | | | |
| A. Toni Young | X | | | | |

**3) GENERAL PUBLIC COMMENT**

*Michael Petrelis, Magnus Magazine*

He thanked Monika for facilitating without bias and announced the launching of a new magazine on gay and lesbian news and culture, Magnus. Copies of the magazine were given to everyone present. The magazine's website address is www.magnusnews.com. He also announced that on Tuesday, 11/16, Dr. Jeffrey Clausner held a town meeting about gay STDs. He then referred to the ads put out by SFDPH on the syphilis outbreak as bombs dropped on the gay community. He stated that on July 19th there was a program announcement of a proposal sent to the CDC for a prevention grant. The proposal budgeted $9,052.00 for Dr. Willie McFarland's salary. He wants an explanation for how the money will be spent.

*Tate Swindell, ACTUP, San Francisco*

He stated that he has come before the Council on previous occasions with facts, but nothing he has stated has been discussed within the Council. He asked when would the Council become more open to discussion and allow more than 3 minutes to hear other points of view.

*Ronnie Burke, ACTUP, San Francisco*

He announced that President Mbeki of South Africa is questioning the efficacy of AZT. He suggested that people here, in San Francisco, follow President Mbeki's lead and begin to challenge the corporations which profit from certain AIDS treatments. He stated that Tony Leoni died from the medicine he was taking to treat AIDS, not from AIDS itself.

*Reid Condit*

He reminded the Council that Maria Rinaldi had requested all views about HIV be discussed before the Council. He recommended that the Council consult with Mr. Kurt Van Quill. Mr. Van Quill gave a two-hour presentation about HIV and AIDS which drew many people. Mr. Van Quill was up front about his biases but gave an excellent presentation. Reid Condit gave the Council an outline of Mr. Van Quill's presentation.

**4) NEW BUSINESS/COUNCIL MEMBER AGENDA INPUT**

Shawn O'Hearn expressed his interest in the concerns raised by ACTUP members. Recently 2 friends of his have suffered from a heart attack and a stroke. The 2 friends were in their late 20s and early 30s. He believes these things happened because they were taking triple medicine treatments. He introduced a resolution regarding accelerated death and disability due specifically to the current aggressive "early intervention" of toxic "combo cocktails" in asymptomatic HIV antibody positive people.

Sister Marymae Himm responded that the purview of the Council is prevention and not treatment.

Larry proposed that the resolution be placed on the parking lot and be presented to the Steering Committee.

Carla stated that the transgender population is not well understood. She proposed a presentation that would address the transgender population. The Council needs to hear what people from the transgender community are saying.

María Rinaldi stated that no one should make assumptions regarding the Council. She feels that there is an assumption being made that the presence of authority makes everyone feel comfortable. In her country, authority figures were feared. She would feel threatened by the presence of armed security at the meetings. She also stated that those with the minority opinion have the right to be heard.

John Newmeyer stated that everyone is present at the meetings to prevent HIV from being communicated. There should not be a discussion about the efficacy of prevention, everyone should be in agreement about the importance of prevention.

Sister Marymae Himm said that the question of HIV as the cause of Aids would be discussed in the Strategic Evaluation Committee.

María stated that she respects John Newmeyer's point of view but will continue to listen to the other points of view until they are proven wrong.

Marcos stated that the Council should be open to discussion on HIV as the cause of AIDS, but should refer to people respectfully.

María asked if the issue of conflict of interest was on the day's agenda, because she had requested it. Toni apologized because it was not on the day's agenda.

**5) CO-CHAIRS REPORT**

The Co-Chairs Report was given to all present. Larry announced that responses must be limited to one minute due to the amount of time left for the agenda. He augmented the report to indicate that the application for Director of HIV Prevention Services closes at the end of November. DPH would like to have 2 members of the Council sit on the interview panel, one new member, and one long-standing member. Members should contact Betty Chan Lew at 554-9492 to find out about sending a letter of interest.

Additional public comment time was allotted during the Co-chairs Report agenda item.

Michael Petrelis instructed the Council to look at page 9 of *Magnus*. He stated that the Department of Public Health is dropping bombs on gay men in the form of advertising a syphilis scare which targets gay men. He also stated that he was dissatisfied with how the issue of security is being framed.

Ronnie Burk said that San Francisco is not taking leadership against the murder of gay men. The DPH is framing gay sex as a health hazard.

**6. HPPC MOTION**

María brought to the floor a motion on HPPC attendance and enforcement of the Bylaws related to dismissal.. She said that there is a loophole which allows a person to come to every other meeting and remain in good standing. She added that members who did not attend a previous meeting couldn't participate as fully as needed in addressing the agenda.

Sister stated that the HPPC should address the issue of people attending only 50% of the meetings. He asked María to expand on her meaning of the word *loophole*. Michael DeMayo responded that loophole is defined in the 2nd paragraph of the motion.

Monika opened the floor for comment. She said that eventually the motion will be to amend the Bylaws, but that is not on the days' agenda, so the Council will wait to do that.

Lyn suggested that the Bylaws be amended during restructuring.

Carla recommended that the mentors of new members make sure that new members know about restructuring meetings and all other HPPC happenings.

Colin Partridge supported being clear about membership requirements and addressing the loophole, but asked that the Council be cautious regarding membership. He suggested that the Council not make requirements so stringent that they lose members. Some members give good input even if they miss some meetings.

Michael Discepola stated that the information could be given to new members when they join. He raised the question that perhaps this motion should go to membership for recommendations.

John Blake West raised the concern that the current Bylaws cover this issue. It is not necessary to amend the Bylaws, only to implement them. He suggested the wording , *"The HPPC should implement fully, the current Bylaws*."

*Toni called a question on the motion. The question on the motion did not pass.*

| | |
|---|---|
| In favor: | 8 |
| Opposed: | 11 |
| Abstain: | 1 |
| Absent: | 6 |
| Not present: | 0 |
| **Total:** | **26** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | X | | | |
| Bill Barnes | | | | X | |
| Michael Bogan | X | | | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | | X | | | |
| Al Cunningham | X | | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | | X | | | |
| Lyn Fischer-Ponce | | X | | | |
| Kimberley Gallant | | | | X | |
| Dave Hubbard | | | | X | |
| Sister MaryMae Himm | | X | | | |
| Janetta Johnson | | X | | | |
| Melinda Martin | | X | | | |
| Byron Mason | | X | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | | | X | | |
| Larry Meredith | | | | | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | X | | | | |
| Jorge Ortiz | | | | X | |
| J. Colin Partridge | X | | | | |
| María Rinaldi | | X | | | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | | X | | | |
| John Blake West | | X | | | |
| A. Toni Young | X | | | | |

Sister Marymae Himm said that the attendance motion was well intended, but the issue was being covered in restructuring. He made a *motion to table the discussion* and wait for the results from the restructuring discussions, to prevent discussing the issue twice.

Father River Sims *seconded the motion. The motion to table the discussion passed.*

| | |
|---|---|
| In favor: | 10 |
| Opposed: | 9 |
| Abstain: | 0 |
| Absent: | 6 |
| Not present: | 1 |
| **Total:** | **26** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | X | | | |
| Bill Barnes | | | | X | |
| Michael Bogan | | | | | X |
| Anthony Cadavas | | | | X | |
| Carla Clynes | | X | | | |
| Al Cunningham | X | | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | X | | | | |
| Lyn Fischer-Ponce | X | | | | |
| Kimberley Gallant | | | | X | |
| Dave Hubbard | | | | X | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | X | | | | |
| Melinda Martin | | X | | | |
| Byron Mason | | X | | | |
| Mazdak Mazarei | | X | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | | | | | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | X | | | | |
| Jorge Ortiz | | | | X | |
| J. Colin Partridge | X | | | | |
| María Rinaldi | | X | | | |
| Father River Sims | | X | | | |
| Martha Ugarte-Ortiz | X | | | | |
| John Blake West | | X | | | |
| A. Toni Young | | X | | | |

## 7. ELECTION OF CO-CHAIR

Larry announced that 2 members are candidates for the position of community co-chair and have given written statements. He allowed them this time to make verbal statements to the Council.

Michael Discepola that he would do a good job and to the best of his ability carry forward HIV prevention. He stated that he would bring experience and balance to the Council. He has been a provider for prevention services since the early '90s. He has been on the front line of prevention, as well as an administrator. He brings the skills he has gained as a therapist and his community planning skills. He is experienced with working on 3 levels, outreach, individual counseling, and

support groups. He has worked with a counselor-based model and a peer-based model of therapy.

Sister Marymae Himm stated that he is a gay man who has been HIV positive for over 10 years. He has been on the receiving and giving end of prevention messages. For as long as he can remember, AIDS has been a part of his life. As an activist, he has a strong stake in what goes on in the Council. He has looked at what the Council has been doing for the past 6 months and he wants to keep the Council focused on prevention. He stated that if he wasn't running, he'd vote for Michael, and he had considered withdrawing his vote when he learned that Michael was running. He is looking forward to serving the Council and doing a good job. He suggested that he and Michael have the opportunity to vote first, so that the rest of the votes could be cast without their presence in the room.

Larry allowed members a 5-minute opportunity to ask questions of the candidates.

Maria asked both candidates to describe their specific experiences and sensitivities to people of color and women.

Michael responded that as a provider he saw differences as strength. He has a great deal of sensitivity, and varying levels of experience. He has worked with gay men, women, youth, and women and men of color (on the family level). In areas where he is not an expert, he is open to learning. As a client-centered provider, he responds to the needs of whichever community he is serving.

Sister responded that he has a 14-year-old son who is of color, whom he has learned a lot from. As a nun, he operates in every community, streetworkers, both male and female, transgender, people of color. He is a person who works hard to be inclusive in his life. He believes in meeting people where they are. That belief can be carried over into everything including HIV prevention. He is culturally sensitive and gender sensitive, but he is not perfect, and is willing to learn. He recognizes that he is a white male and needs to be open to learning and asking questions.

Carla asked both candidates what experiences they have with the transsexual population.

Sister responded that he has worked hard to include transgender issues. He hasn't worked with transgenders on the service provider level, but has tried to include them in projects. When he was a youth with early HIV, he worked with the Eureka Valley Teen Program, the Life Program, and Lyric.

Michael responded says that he has worked more with youth than transsexuals. But when approaching the issues of the transsexual community he would use the priority setting model.

Marcos asked both candidates what were their motivations for becoming co-chairs, considering the limitations (for example, not voting in certain instances).

Sister responded that he had noticed that there were places where leadership was having a difficult time. He felt that he could make up for those gaps. He does not see the role of co-chair as limiting. He has never had difficulty speaking up. His opinions are easily known.

Michael responded that choosing candidacy was a challenging decision because he takes the responsibility seriously. He grew up poor and put himself through school, so he knows what it is like to work long hours. He hose the responsibility because he knows there is work he can do He doesn't have all the answers, but he feels that he can hear a variety of perspectives that will help him form opinions.

After the discussion, the Council voted.

| | |
|---|---|
| Michael Discepola | 9 |
| Sister Marymae Himm | 7 |
| Abstain: | 5 |
| Absent: | 6 |
| Not present: | 0 |
| **Total:** | **26** |

| Member | Michael Discepola | Sister Marymae Himm | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | | X | | |
| Bill Barnes | | | | X | |
| Michael Bogan | | X | | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | X | | | | |
| Al Cunningham | X | | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | X | | | | |
| Lyn Fischer-Ponce | | | X | | |
| Kimberley Gallant | | | | X | |
| Dave Hubbard | | | | X | |
| Sister MaryMae Himm | | X | | | |
| Janetta Johnson | | | X | | |
| Melinda Martin | | X | | | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | | X | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | | | | | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | | X | | | |
| Jorge Ortiz | X | | | | |
| J. Colin Partridge | X | | | | |
| María Rinaldi | | | X | | |

| | | | | | |
|---|---|---|---|---|---|
| Father River Sims | | X | | | |
| Martha Ugarte-Ortiz | | | X | | |
| John Blake West | | X | | | |
| A. Toni Young | X | | | | |

## 8. PRESENTATION OF THE PARKING LOT

Before Kristin began her presentation on the Parking Lot, Sister presented her with flowers from the Strategic Evaluation Committee, for her great work as a consultant.

Kristin showed overheads which raised and answered 3 questions about the Parking Lot: What is it? How do we use it? What's in it? She explained that the Parking Lot is a tool to track issues raised by HPPC members at meetings which can't be addressed fully at the time due to time constraints. Ideally, it is a short-term lot and the issues will be placed on a future agenda. Realistically, agendas are set months in advance, which means that items can remain in the Lot long term. She explained that technical support presents the Parking Lot to the Steering Committee at least quarterly for review, and when the Steering Committee is planning the Council agenda, and there is time available. She encouraged members to speak up at meetings about issues they want to discuss, or to approach technical support outside of meetings about issues to be raised. She also encouraged members to be mindful of what and how many items they place in the Lot. Kristin presented the Parking Lot, noting issues that had been addressed and removed, as well as issues that will be addressed during restructuring.

## 9. BREAK

## 10. RESTRUCTURING THE HPPC

Michael Discepola stated that in October the Council voted to go forward with restructuring. Since then, the Restructuring task Force has been meeting weekly. Its charge has been to brainstorm on a variety of topics and to go into greater depth on the topics. The Task Force has addressed issues that have been raised in the Council for a very long time such as attendance, leadership, and follow-through. They see the main purview of the HPPC as addressing the issue of prevention in San Francisco which is different than the rest of the world. They must consider the local and the national issues.

Sister said that the Task Force has brainstormed and received brainstorm ideas from the Council. Today, the Task Force needs input from the Council. The Task Force has recommended that the Council focus on 9 points from the CDC Guidance for next year. The Cooperative Plan is due in 2000, and it is necessary to focus on completing it.

Toni stated that at the last Task Force meeting, Al facilitated an exercise called ship building which was an illustration of what everyone on the Task Force was thinking about the HPPC. She found it illuminating because the 2 new members saw everyone as working together for a common thing, which gave her a sense of hope. She thanked Al for facilitating the exercise and she tanked Martha and Janetta for their refreshing points of view.

Michael Discepola stated that the CDC Guidance poses specific roles for the HPPC. The Bylaws instruct the HPPC on how to operate and the Standing Rules explain further what is outlined in the Bylaws. He emphasized that the main purview of the HPPC is the CDC Guidance.

Sister stated that the Task Force's recommendation was to refocus the HPPC. If the HPPC does not stay focused on the Cooperative Agreement, and other specific charges, the work won't get completed and no one will be engaged. They must also keep in mind that they must be ready for recontracting.

Michael Discepola stated that the Task Force recommends choosing only projects that meet the main purview, and that the Council should frame questions and issues as they pertain to HIV prevention.

Sister and Michael presented an overhead which explained the 9 points outlined by the CDC which are on page 17 of the Guidance.

1. **Elect a community co-chair to work with the co-chair designated by the health department.**
2. **Determine the technical assistance needs of the community planning group to enable it to execute an effective community planning process.** Technical assistance reminded members that they are available, not just for the Council and subcommittees, but for individual members also.
3. **Review available epidemiologic, evaluation, behavioral and social science, cost and effectiveness, needs assessment, and resource inventory data and other information required to identify and prioritize HIV prevention needs.** Most of this charge is being carried out in the Strategic Evaluation Committee, which is revamping the research inventory.
4. **Identify unmet HIV prevention needs within defined populations.** This charge is being carried out in the Priority Setting Committee.
5. **Prioritize HIV prevention needs by target populations and by priority strategies and interventions.** This charge is being carried out in the Priority Setting Committee. Discepola emphasized that everyone is invited to participate in committees, and that minutes are available if someone is unable to participate.
6. **Identify the technical assistance needs of the community planning group and community-based providers in the areas of planning, implementing, and evaluating prevention interventions.** ODTA helps get data needed to decide which processes work so that RFPs are backed by solid scientific data. Providers should be aware that training in computer skills is available for them. The Strategic Evaluation Committee is responsible for ODTA-related concerns.
7. **Assess how well the priorities outlined in the plan are represented in the health department's application to CDC for federal HIV prevention funds.** Every year the Council writes a letter of concurrence or non-concurrence which assesses how closely the Cooperative Agreement matches the priorities the HPPC created.
8. **Focus primarily on tasks of planning.** The charge is to look at different issues and make decisions on whether o not they are pertinent in meeting the goals for the year. The main purpose of the HPPC is planning, not policy setting, and not contract monitoring.

9. **Review the health department's application to the CDC for federal HIV prevention funds, including the proposed budget, and write a letter of concurrence or nonconcurrence.**

Sister and Discepola explained that the Task Force recommends that every HPPC agenda item be assigned a number 1-9 which refers to one of the Guidance points.

John Newmeyer stated that public comment time is not working properly. He suggested that public comment take place at the end of the meeting. Discepola responded that public comment takes place at the beginning of the agenda so that members can consider the comments when voting and discussing issues.

Sister stated that now members are encouraged to assign a number from the Guidance to issues that they bring before the Council. He gave the example of the resolution Shawn brought before the Council today. He asked the question of whether or not it fits into one of the 9 points. He explained that by defining the role of the Council, people would feel more comfortable and contribute more because they will know the focus of the Council.

Monika opened the floor for questions on the presentation of the Restructuring Task Force.

John Newmeyer stated that there were so many mentions of prevention as the purpose of the Council, perhaps if someone doesn't believe HIV causes AIDS, that person should rethink being on the Council.

Maria expressed her concern about how the 9 points will be used. She has seen longer descriptions of the points than what were presented by the Task Force. She was concerned that the list was too pared down. She was also concerned about how the 9 points can be interpreted. She disagreed with John Newmeyer that the list should be interpreted to mean that a person who does not believe HIV causes AIDS should not be on the Council.

Michael Discepola acknowledged that the 9 points are broader than some of the other guidelines stated in the Guidance, but added that the Council will use the full Guidance as its guide. The 9 points are highlighted to make it easier to link projects to the Guidance.

Sister responded that the 9 points were chosen because they are easily identifiable. The 9 points are the minimum purview. The 9 items are not designed to limit, but to focus.

Toni agreed with María. She felt that a discussion on whether or not HIV causes AIDS falls under point #3. She also stated that if everyone had known that it was their job to do the letter of concurrence and the review the budget, things would have turned out differently. She stated that members have felt frustrated about not discussing prevention and not being heard, but the Council hasn't had the right tools. These 9 points are a tool to make those things happen.

Shawn applauded the work of the Task Force. The Council needs a focus. But he argued that there are policy issues related to the work of the HPPC. He stated that planning is broader than just sitting behind a desk. The PEP study is a prevention issue and that dialogue needs to happen. The Council should not use the technical definition of planning to exclude anything

controversial. The second item he felt was left out of the discussion was that there has been no leader because the DPH has not had a director. There needs to be a well-paid leader. Members are volunteers and it's unfair to burden volunteers with so much work. He encouraged the DPH to make sure that the job description for director not be vague. He encouraged restructuring to look at his 2 points.

Michael Discepola remarked that members should not be angry at colleagues if a vote does not go their way.

Marcos agreed with María that the HPPC needed to be flexible with the community. He stated that when to community comes before the HPPC, they are ignored. The HPPC should be more flexible in discussing controversial issues. He stated that the Steering Committee should be responsible for responding to a person who comes forward with an issue that is not in the purview.

Michael Bogan agreed with Marcos. He stated that nowhere does it say the Council must be responsive to the community, but it should be. He also agreed with Shawn that planning is intertwined with policy. The Council shouldn't delude itself that everything it deals with is planning.

John Blake West stated that he believes in free and open dialogue and community responsiveness. He believes that the Council should apply the same standards to public comment that it applies to member comment.

Lyn stated that the Council's responsibility is to prioritize issues. The Council should not be held hostage to 3 or 4 loud people. Public comment should also include the opinions of women, youth, and people of color.

Colin expressed agreement with many of the things that had been said. He would also like to see the HPPC make a tentative plan to take the lead with the CDC and not just follow the lead of the CDC. He suggested a $10^{th}$ category which would state that the HPPC should be a leader and not just responsive to the CDC.

María stated that it is the role of the Steering Committee to decide if an issue fits purview, but the Committee shouldn't just communicate with the person who brought the issue, the Steering Committee should report to the full body on its purview decision. The Steering Committee exists to execute the mandates of the full body, not the reverse.

Toni agreed with María that items needed to cycle fully from Steering to the full body. Sometimes items get lost in Steering.

John Newmeyer stated that the Steering Committee be should be effective at limiting items. To focus on everything is to focus on nothing. Steering must set boundaries with purview.

Monika asked for comments from anyone who had not had a chance to speak.

Lyn asked about minutes from restructuring meetings. Discepola and DeMayo responded that minutes are available at the Council meetings and will be sent in pre-meeting packets.

## 11. CLOSURE AND EVALUATION

**NEXT HPPC MEETING:** December 9, 1999 (3 p.m. to 6 p.m.)

**Attached for absent members:**

- *Resolution from Shawn O'Hearn regarding Accelerated death and disability due specifically to the current aggressive "early intervention" of toxic "combo cocktails" in asymptomatic HIV antibody positive people.*
- *Maria Rinaldi's November 18th motion, regarding attendance.*
- *HPPC Parking Lot list of items, and overheads*
- *San Francisco HIV Prevention Planning Council Co-chairs Report 11/18/99*
- *HIV Prevention Director's Report to the HPPC 11/18/99*
- *Kurt Van Quill's presentation outline, "An Examination of Mainstream and Dissident Views of HIV and AIDS"*
- *Bases of Power*
- *CDC Guidance*

Minutes written by: Lisa Manning, Polaris Research & Development, Inc.
Minutes reviewed

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# HIV Prevention Planning Council Meeting

December 9th, 1999

25 Van Ness Avenue, Suite 300A

San Francisco

Meeting called by Co-chairs: Michael Discepola, Larry Meredith, A Toni Young

*All agenda items include time for public comment*

| | | |
|---|---|---|
| 3:00pm | Food, Welcome, Introductions, Announcements | *Michael Discepola* |
| 3:15pm | Review and Approval of Minutes | *Michael Discepola* |
| 3:20pm | General Public Comment | *Michael Discepola* |
| 3:35pm | New Business/Council Member Agenda Input | *Michael Discepola* |
| 3:45pm | Co-chairs Report | *Michael Discepola, A Toni Young* |
| 3:50pm | Conflict of Interest<br>*The issue of conflict of interest has been of concern to some Council members of late. We will discuss the current policy as written in the bylaws (enclosed), as well as the concerns that Council members have.*<br>POSSIBLE VOTE | *Michael Discepola, Michael DeMayo* |
| 4:10pm | Preliminary Report on Speed Study<br>*Looking at HIV prevention in light of substance us, this presentation describes an evaluation study of methamphetamine use among gay and bisexual men reached through outreach in the South of Market and Castro areas.* | *Mike Pendo* |
| 4:30pm | BREAK | |
| 5:00pm | Restructuring the HPPC<br>*Last month the Council reached a consensus that Restructuring is moving in the right direction. We reviewed the nine roles of community planning bodies outlined by the CDC Guidance as a starting point for establishing the direction of restructuring. The Restructuring Task Force will review its recent progress. The group plans to present a restructuring plan for a vote at the January meeting.*<br>POSSIBLE VOTE | *Restructuring Task Force* |
| 5:30pm | Celebration of 1999 Work<br>*Once again, we have reached the end of an active and productive year. The hard work and commitment of each and every Council member is acknowledged and greatly appreciated. With such an excellent team, we are looking forward to tackling our major task of the year 2000, rewriting the HIV Prevention Plan for San Francisco.* | *Michael Discepola, A Toni Young* |
| 5:50pm | Closure and Evaluation | *Michael Discepola* |

***Note, all meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.***

**UPCOMING MEETINGS:**

HPPC Meeting: Thursday January 13th, 3pm-6pm, Location TBA

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

# HIV PREVENTION PLANNING COUNCIL
## Minutes Summary of December 9, 1999

### 1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS
Everyone was welcomed and introduced. A series of announcements were made including but not limited to: cases of male rectal gonorrhea leveling off for the year and a big welcome for Evelyn Wilson, the new parliamentarian. See minutes for all.

### 2. REVIEW AND APPROVAL OF THE 11/18 MINUTES
By general consensus, the minutes were tabled for the next meeting.

### 3. GENERAL PUBLIC COMMENT
None.

### 4. NEW BUSINESS/COUNCIL MEMBER AGENDA INPUT
Council member requested time on a future agenda to do a presentation on HIV prevention with sex workers. It was also suggested that the topic of harm reduction be added to the presentation. The item was placed on the Parking Lot.

### 5. CO-CHAIRS REPORT
HPPC Co-Chairs report was distributed. The report noted the hiring of the new parliamentarian Evelyn Wilson. The report also noted that the process of accepting applications for prevention director closed at the end of November. There are two positions available on the applicant review panel for Council members. The review process will take two full days and DPH is hoping for a new Council member and a long- standing member to sit on the panel. . Interested members should call or email Larry Meredith, or leave a message with Betty Chan Lew. For email addresses and phone numbers, see full minutes. Anyone interested in speaking with Barbara Garcia about community planning, was invited to the restructuring meeting on December 15th, at 25 Van Ness in 330 B, between 1 pm and 3 pm.

### 6. CONFLICT OF INTEREST
Members discussed whether or not to postpone the Conflict of Interest agenda item until a future meeting when the member who raised the topic could be present. A motion was made to table the agenda item for a future meeting. The motion was voted on with 7 in favor and 11 opposed. The motion did not pass, and discussion on conflict of interest began. The two definitions of conflict of interest (as stated in the By-Laws and the Standing Rules) were handed out and viewed on the overhead projector. Members discussed conflict of interest as it relates to funding. They concluded that the Letter of Concurrence which members vote on does not affect funding for individual organizations, so members who vote on the Letter of Concurrence would not be in violation of a conflict of interest. Members also raised concern about the composition of the body in relation to the percentage of members representing CBOs, and how a member can raise the question of conflict of interest regarding another member. The By-Laws state that 1/3 of the body must be non-affiliated with a CBO or the DPH (the HPPC is currently in compliance). It was suggested that each member's affiliation should be clearly stated in a document which should be available to the public.

Public Comment on Conflict of Interest
- Terry Beswick, The Bay Area Reporter, regarding the composition of the HPPC, and priority setting for funding.

### 7. PRELIMINARY REPORT ON THE SPEED STUDY
DPH staff presented the preliminary findings on the Methamphetamine-Using MSM and MSM-IDU Evaluation Study. See handout. The study does not attempt to reach all speed using MSM-IDUs. The study is linked to the current HIV prevention outreach study and therefore covers the areas designated in that study: bars and clubs in SOMA and the Castro.

### 8. RESTRUCTURING TASK FORCE UPATE
The Task Force explained that it prioritized its list of items to address and referred some items to the Membership Committee for recommendations. It presented the recommendations regarding IRP/PIR, attendance, and membership size. The Task Force recommended that membership be based on IRP (inclusion, representation, and parity), the order written in the Guidance, and not PIR, the order that had been adopted by the Council. The Task Force also recommended that the size of the body should be from 21 to 37.

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### 9. CELEBRATION/ CERTIFICATES

### 10. CLOSURE/EVALUATION

*NEXT HPPC MEETING: Thursday, January 13, 2000 (3 to 6 p.m.) @ the Mayor's Conference Room at City Hall (Room 201)*

# HIV PREVENTION PLANNING COUNCIL
## Minutes of December 9, 1999

**Members Present:**
Marcos Bañales
Michael Bogan
Carla Clynes
Al Cunningham
Michael Discepola
Kimberley Gallant
Janetta Johnson
Byron Mason
Mazdak Mazarei
John Newmeyer
Sister MaryMae Himm
Dredge Byung'chu Kang
Melinda Martin
Willi McFarland
Shawn O'Hearn
Jorge Ortiz
J. Colin Partridge
Father River Sims
Martha Ugarte-Ortiz
John Blake West
A. Toni Young

**Members Absent:**
Bill Barnes
Anthony Cadavas
Manny DaCalanios
Lyn Fischer-Ponce
Larry Meredith
Nancy Pollard
María Rinaldi

**Leave of Absence:**
Tracey Packer

**Parliamentarian:**
Evelyn Wilson

**DPH/HIV Prevention Section:**
Elizabeth Davis
Delia Garcia
Gigi Gregory
Betty Chan Lew
Eileen Loughran
Kate MacLaughlin
Mike Pendo
Doug Sebesta

**Guests:**
Terry Beswick, Bay Area Reporter
Steven Gibson, Stop AIDS Project
Oscar Macias, New Leaf
Hank Wilson, ACT UP Golden Gate

**Facilitator:**
Monika Hudson

**Harder + Co.:**
Dara Coan
Michael DeMayo

**Process Evaluation Team:**
Kathleen Roe
Kevin Roe

**Polaris R & D, Inc.:**
Amalia Fernández-Niewendorp
Lisa Manning

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### 1. FOOD, WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

**Announcements**

*Member Absences*

The following individuals had informed the Co-Chairs of their absence from today's meeting: Larry Meredith and María Rinaldi.

*Willi McFarland*

- Gave epi-information with the number of AIDS cases (74) for the month of November and STD cases for the month of October. He noted that as the end of the year approaches, the monthly figures converge with those for the year as a whole, which makes it easier to compare with figures from last year. He found it encouraging that the rates of male rectal gonorrhea have leveled off. He has available a bibliography of 450 articles which provide evidence that HIV causes AIDS.

*Al Cunningham*

- Al asked if anyone at the meeting objected to being videotaped. No one objected.

*Melinda Martin*

- Announced that she will leave the meeting early

.

*Marcos Bañales*

- Marcos announced that he is a member of the Coalition of People of Color for Tom Ammiano. He encouraged members to get involved because there is a lot of work to do in

the next 4 days before the election.

*John Newmeyer*

- Brought copies of a document which addressed the issue of HIV as the cause of AIDS in layperson's terms

*Toni Young*

- Toni welcomed the new Parliamentarian, Evelyn Wilson.

*Betty Chan Lew*

- Thanked consultants and members for their help throughout the year.

## 2. REVIEW AND APPROVAL OF THE 11/18 MINUTES

Toni explained that her computer had malfunctioned so she was unable to pre-approve the minutes. Evelyn recommended that the Council table the minutes by general consensus. The minutes were tabled.

## 3. GENERAL PUBLIC COMMENT

None.

## 4. NEW BUSINESS/COUNCIL MEMBER AGENDA INPUT

Michael Discepola announced that Father River Sims had requested time on a future agenda to present his prevention work with sex workers. Michael Discepola stated that the item was placed on the Parking Lot. Sister Marymae Himm suggested that Father Sims add the topic of harm reduction to his presentation.

## 5. CO-CHAIRS REPORT

Toni distributed the Director's Report and Co-Chairs Report which introduced the new parliamentarian, Evelyn Wilson. The report also stated that the process of accepting applications for the position of prevention director closed at the end of November. Toni stated that there is more detail on that process in the Director's Report. Toni suggested members contact Larry by email larry_meredith@dph.sf.ca.us.

Al noted that two people from the Council are requested to sit on the review panel for the prevention director position. Toni responded that the chairs are hoping members will nominate themselves for the spaces on the panel. She alerted members that sitting on the panel might be a two-day process, but it is an opportunity to see how the process works and to have a voice in choosing a new director. A long-standing member and a new member are wanted as panel reviewers.

Willi stated that he has participated as a panel member a few times. He stated that panel members ask each candidate the same questions from a list, and then score the answers. He encouraged members to participate as a way to ensure diversity on the panel.

Toni announced that interested members should phone or email Larry or Betty Chan Lew. Delia announced that the review process will begin in the beginning of the year 2000.

Toni announced that anyone who wants to talk with Barbara Garcia about community planning should attend the Restructuring Task Force Meeting at 25 Van Ness, room 330 B, on December 15th.

## 6. CONFLICT OF INTEREST

Although María Rinaldi had requested this agenda item, she was unable to be present at the meeting. Michael Discepola stated that the topic of Conflict of Interest was taken from the Parking Lot and placed on the agenda before María Rinaldi went out of town. He said that when she learned that she would be unable to attend the meeting, she asked if the Council would defer the item until a later meeting.

Sister Marymae Himm suggested that the Council defer the presentation until a time when the Council members who have a particular interest are present. Sister *made a motion to table the agenda item. John Newmeyer seconded the motion.* The motion was not voted on at this point. The entire body needs to discuss conflict of interest.

Toni stated that the agendas are posted far enough in advance for a concerned member to plan on attending a particular meeting. She suggested that the item not be postponed and that the particular member can continue to engage in the process even if not present at the meeting.

John Newmeyer responded that he objects to the agenda being changed at the last minute. He added that María's concerns are already well known. Michael Discepola added that he had let María know that she could fax or email her views and they would be read at the meeting.

Sister stated that it is important to have the members who brought the item forward, present at the time of discussion, especially given the discussion on parity, inclusion, and representation. He does not think it will serve the Council's needs any better to have the discussion without the person who spearheaded the item.

John Blake West stated that he respectfully disagrees with Sister. He felt that several members have concerns about conflict of interest, so the dialogue should start now, and members who are not present can review the minutes.

Willi disagreed with John Blake West. He stated that because María and interested members of the public were not present, the Council would end up discussing the topic again when they are present.

Toni responded that if a members knows an item will be discussed that the member feels passionate about, the member has the responsibility to be present. There are ways the issue can be revisited by interested members. The entire body needs to move forward.

Michael Discepola added that there is more opportunity for member input when the topic goes to steering and back again to the full Council.

John Newmeyer *made a motion to call the question. There was a unanimous decision to call the question (end discussion).*

| | |
|---|---|
| In favor: | 19 |
| Opposed: | 0 |
| Abstain: | 0 |
| Absent: | 7 |
| Not present: | 1 |
| **Total:** | **27** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | X | | | | |
| Bill Barnes | | | | X | |
| Michael Bogan | X | | | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | X | | | | |
| Al Cunningham | X | | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | X | | | | |
| Lyn Fischer-Ponce | | | | X | |
| Kimberley Gallant | X | | | | |
| Nancy Pollard | | | | X | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | X | | | | |
| Dredge Byung'chu Kang | X | | | | |
| Melinda Martin | X | | | | |
| Byron Mason | X | | | | |
| Mazdak Mazarei | X | | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | | | | x | |
| John Newmeyer | X | | | | |
| Shawn O'Hearn | | | | | |
| Jorge Ortiz | | | | | X |
| J. Colin Partridge | X | | | | |
| María Rinaldi | | | | X | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | X | | | | |
| John Blake West | X | | | | |
| A. Toni Young | x | | | | |

Monika reminded the Council that there was a *motion from Sister to table the discussion and presentation for a future meeting. The Council voted on Sister's motion. The motion did not pass.*

| | |
|---|---|
| In favor: | 7 |
| Opposed: | 11 |
| Abstain: | 0 |
| Absent: | 7 |
| Not present: | 1 |
| **Total:** | **26** |

| Member | In favor | Opposed | Abstain | Absent | Not present |
|---|---|---|---|---|---|
| Marcos Bañales | | X | | | |
| Bill Barnes | | | | X | |
| Michael Bogan | | X | | | |
| Anthony Cadavas | | | | X | |
| Carla Clynes | X | | | | |
| Al Cunningham | | X | | | |
| Manny DaCalanio | | | | X | |
| Michael Discepola | | | | | |
| Lyn Fischer-Ponce | | | | X | |
| Kimberley Gallant | | X | | | |
| Nancy Pollard | | | | X | |
| Sister MaryMae Himm | X | | | | |
| Janetta Johnson | X | | | | |
| Dredge Byung'chu Kang | | X | | | |
| Melinda Martin | X | | | | |
| Byron Mason | | X | | | |
| Mazdak Mazarei | | X | | | |
| Willi McFarland | X | | | | |
| Larry Meredith | | | | | |
| John Newmeyer | | X | | | |
| Shawn O'Hearn | | | | | |
| Jorge Ortiz | | | | | X |
| J. Colin Partridge | | X | | | |
| María Rinaldi | | | | X | |
| Father River Sims | X | | | | |
| Martha Ugarte-Ortiz | X | | | | |
| John Blake West | | X | | | |
| A. Toni Young | | X | | | |

Michael DeMayo presented the HPPC policy on conflict of interest. He presented the 2 sources of information on the topic: the By-Laws and the Standing Rules (he reminded the Council that the Standing Rules have not been voted on yet). He presented overheads and passed around handouts with the two definitions of conflict of interest.

Sister asked if there was a mechanism in place by which a member can bring an alleged conflict of interest to the table when it concerns a member who is unaware that he or she may be in violation. Michael DeMayo stated that that was not addressed in the brief definitions from the By-Laws and Standing Rules.

Michael Discepola stated that this was an opportunity for members to discuss this further in steering.

Sister asked about conflict of interest concerning the Letter of Concurrence which is funding related. In that case, anyone who works for a CBO and votes on funding sources has a conflict of interest.

Monika stated that there were comments from the public on this item.

Michael Discepola responded that discussion would end at 4 pm to allow time for public comment.

Michael Bogan stated that Sister is asking how much conflict of interest is the Council willing to tolerate.

Al stated that in response to Sister's second concern (the Letter of Concurrence), that the Letter is not specific to any organizations, so that should eliminate concern. He suggested that they should think about how the public perceives conflict of interest amongst Council members.

Toni agreed that overall funding does not affect individual organizations. She added that members with specific questions or ideas on how to write a conflict of interest document for the recruitment process, should come to steering meetings.

Sister stated that as an activist he is concerned that the By-Laws state that only 1/3 of the body can be affiliated with DPH or CBOs. Michael DeMayo responded that the correct recommendation in the By-Laws is that 1/3 of the body should be non-affiliated, which leaves 2/3 of the body that can be affiliated with DPH and CBOs.

Sister stated that the number of affiliated and non-affiliated members currently on the Council should be made clear during this discussion. The Council is in danger based on public perception.

John Newmeyer agreed with Sister, it is important to have a clear mechanism of bringing conflicts of interest to the table. He suggested that member biographies be updated to include affiliation and those biographies should be available to the public.

**Public Comment on Conflict of Interest**

Terry Beswick, *The Bay Area Reporter*, asked if 2/3 of the current HPPC members were city employees or work for CBOs which receive city funding. Toni responded that she thought that was accurate, but did not know the exact number. He asked if the purpose of the HPPC was to set priorities for the health department? Toni responded that that was one of the primary purposes of the HPPC. He then asked if the HPPC members are frequently involved in setting priorities for their own organizations and if so, is it frequently done that people bow out because of conflict of interest. Toni responded that yes, members bow out because of conflict of interest. Terry asked how many Council members are city employees, and she responded that she did not know. He asked if a member can bring money to his or her organization or offend the health department by advocating for something other than the DPH. Toni responded that that can't happen because the HPPC can't get resources for prevention that are not consistent with the priorities that were set. Toni offered to speak about the questions raised during break.

**Response to Public Comment on Conflict of Interest/ Continued Discussion on Conflict of Interest**

Colin stated that agency funding may be more typically perceived as a conflict of interest, but there can also be conflicts of interest in terms of gender, HIV status, etc, therefore the Council should be cautious when defining and responding to questions of conflict of interest.

Sister stated that in the 9 months he has participated in the Council, he has never heard anyone bow out due to conflict of interest.

Michael Discepola responded that he has been asked by DPH to monitor and he has said no, due to conflict of interest.

Toni responded that last year $100,000 was allocated to women's organizations and 2 people bowed out because those women's organizations directly benefited them.

Colin stated that it is important to distinguish between situations in which people abstain as well as call a conflict of interest.

## 7. PRELIMINARY REPORT ON THE SPEED STUDY

Carla Clynes, Eileen Loughran, and Mike Pendo presented the preliminary report on the speed study. They are currently conducting a study in San Francisco on MSM/MSM-IDU users. Background see attached overhead handout.

Sister stated that the outreach component of the study was targeting bars and clubs in SOMA and the Castro, but what he knew of MSMs-IDUs was that they were more likely to use the internet and sex clubs.

Mike Pendo stated that the risk behavior component is closely linked to the process evaluation of outreach services. That the study will be trying to determine HIV risk behaviors and prevalence of those invididuals who are likely to be reached through outreach services. The information will be used to tailor outreach services and messages. He said that this study is not about all MSM methamphetamine users in San Francisco but will focus on those who are likely to be reached through outreach services being conducted by New Leaf.

Sister asked how they decided to use the particular places they chose.

Mike Pendo responded that the speed study is linked or "piggy-backing" on the outreach program. Outreach will include sex clubs.

Jonathan Brown from New Leaf announced that he is the outreach coordinator and they are currently hiring positions for outreach workers. He passed around job announcements for HPPC members.

Dredge asked if the sample was representative. He asked about the transgender population in the Tenderloin.

Mike Pendo responded that because of the limited budget, it was not possible to provide outreach to all subculutres of methamphetamine users. He said that hopefully, if the study provides useful data and there is funding it might be possible to reach other meth using subcultures with outreach. The outreach is focusing on SoMa because currently there is very little outreach in that area and therefore it would be best to focus on that gap. He also said that they are seeing a number of individuals who start out in SoMa and then end up at Colingwood Park which is why the Castro was included. Focusing on this area would fill in a gap given the limited budget.

Janetta asked what incentives they were using.

Mike Pendo responded that they are looking into vouchers for Safeway, Cala Foods, and Rainbow Groceries.

Michael Bogan thanked DPH for the presentation. Steering only gave them a week's notice, but they did a great job. He also thanked Hank who brought this topic up before anyone was talking about it.

Al suggested that for future studies they consider using the telephone as a way to reach these populations. Mike Pendo responded that they have thought about outreaching on the telephone for future studies.

Marcos stated that having worked with New Leaf, and having done outreach with this community, he suggested outreaching to the sex workers in the Polk Street area.

Carla stated that they are recruiting MSMs from Collingwood Park who are more willing to talk. She added that about2/3 of the SoMa population is willing to talk and take HIV test. She said in general, African Americans tend to be very concerned about confidentiality and Latinos are not as concerned about confidentiality. She stated that they are getting some ethnic diversity, but acknowledges that the majority of potential participants are white. Carla stated that they are recruiting MSMs from Collingwood Park who are more willing to talk. She stated that MSMs in SOMA are refusing condoms because they already have them. She added that about 2/3 of the SOMA population is willing to talk and take HIV tests. African Americans are very concerned with confidentiality. Latinos are not as concerned about that. She stated that they are getting some ethnic diversity, but most participants are white.

**Public Comment on the Speed Study**

Terry Beswick, *the Bay Area Reporter*, asked what the outreach component consisted of. Mike Pendo responded that outreach was a basic service whose funding is tied to process evaluation. Outreach seeks to find out if people are talking, what they are talking about, and how long they are talking. Terry Beswick asked if they are looking at speed and MSMs as tied entirely to HIV prevention or only partly. Mike Pendo responded that they are looking at substance abuse as it is related to HIV prevention. New Leaf is a substance abuse treatment service, DPH is looking to see if people get referrals and testing, it's a dual sided study. Terry asked if DPH is looking into other populations for speed-MSM studies. Mike Pendo responded that there are no other specific MSM studies focusing on speed, but most studies ask about speed use.

**Response to Public Comment/Continued Discussion of the Speed Study**

Hank stated that this discussion raises the question of overlap of services. Some of the outreach had already been done. He was concerned about reaching Polk Street and the Tenderloin. He saw a need to collaborate and pool resources. He would like to see what people want in terms of treatment, abstinence, and harm reduction. He would like to know what people can tell us to help us design support. He considers speed a problem, and they already know it's a risk factor for HIV, so there's no need to link the study. What we don't know is what MSMs are thinking and feeling, why some are going into treatment, and why some aren't. He stated that we need to

encourage speed users to use HIV medications. DPH needs to learn from and redesign the study after 3 months, and then again in 6 months.

Marcos was an outreach worker and intake counselor for 3 and ½ years. DPH is outreaching to a community that is difficult to reach. The purpose of outreach is to talk to them and refer them. The problem is not enough recovery programs.

Sister stated that Hank stated good, specific suggestions. He asked how the body can encourage the people conducting this study to follow-up on Hank's suggestions. Toni responded that it has already been put out as an RFP and is on-going. She stated that a CAB is forming in January , and she recommended that members of the body serve on it. She also asked that Hank give out copies of his recommendations.

Mike Pendo stated that when the speed study was prioritized by the HPPC it was recommended that HPPC representatives sit on the CAB.

## 8. RESTRUCTURING THE HPPC

**HPPC Council Composition:** Toni announced the numbers requested earlier for the current composition of the body: 26 active members, 7 city employees, 9 non-affiliated members, 10 CBO affiliated members.

Sister began the restructuring update with a review. He reminded the Council that the goal of restructuring is to return more power to the community. He stated that the Task Force looked at the list of topics they were charged to address and decided that there were too many topics to address each thoroughly before January. The Task force prioritized issues and referred some to the Membership Committee. Today the Task Force would present the progress made on IRP/PIR and size an composition of the body.

Al presented the portion on IRP. He stated that the CDC Guidance listed the three points in this order: inclusion, representation, and parity. The Task Force recommended that the Council return to listing the three points in that order. He stated that there is no real hierarchy per se, among the three points, but the way the CDC lists them is a logical progression. Inclusion assures that all views of the affected community are involved. Representation assures that those representing a specific community truly reflect that community's norms and behaviors. The way the HPPC has been using these three points, is to say we are not being representative when we mean we are not being inclusive. Last flows the notion of parity, which means that all members are provided the opportunity or skills building necessary to participate in the community planning process. Parity means that once everyone is present and represented, there is a level playing field, and there is equal access to information.

Janetta spoke briefly about Membership's recommendation that the size of the body should be 21-37 so that there is room to be inclusive. She announced that the Membership Committee will meet again on January 13th, when they will discuss creating a more institutionalized process for training new members and on-going training for all members, and attendance, and ways to recruit. The Membership Committee is working to find ways of being flexible for members who have illnesses.

Sister said that the next step is for everyone to come to the Membership meeting. Sister raised these topics for discussion: a) how do members feel about using IRP v. PIR, and b) what other membership issues should be addressed?

Michael Bogan said that he noticed that there is no mention of community. He said that there are community members coming to meetings and wanting to be heard. He asked what items from the original restructuring list were not going to be addressed.

Michael Discepola responded that all items will be addressed to some extent, but the Task Force is intent on not going beyond the deadline. If the Task Force goes into detail on each item, they will not complete the work before the deadline. The Task Force is referring some items out because everything cannot be done in Task Force meetings.

Michael Bogan stated that if Restructuring has decided to change its tasks, it should say so.

Toni responded that some members understood that the Task Force was to work on all issues germane to re-engaging and reinvigorating the Council. They are not saying that some items will not get completed, they are only changing how they will be completed.

Al stated that discussing how much the Task Force can do has been difficult. It was difficult for him to pass items on to committees, but he had to accept a democratic decision to do so.

Sister responded that none of the topics on the list are being ignored. The Task Force is trying to decide how to get the work completed so that in January they an say, "This is how the new HPPC functions."

Monika asked that the Council refocus on the 2 questions that Sister put to the Council ( IRP v. PIR, and other membership topics of concern).

Al asked if there is any institutional memory as to why the three points became PIR. Kathleen responded that the first Guidance had the three points listed as PIR, and a slightly different definition of parity.

John Blake West stated that how the Council finds members who can commit time to sit at the table, relates to IRP. It's hard to recruit people who aren't in CBOs because people in CBOs are paid to be present. The recruitment process has to be strengthened to make sure the Council can secure members from outside CBOs.

Mazdak stated that the current structure of the meetings makes them unfriendly to youth. He would like to see more active youth participation. He stated that there needs to be better retention of all new members not just youth. There should be mentorship for all new members.

Sister responded that that is a perfect example of parity: getting members prepared to participate.

Janetta stated that people would get excited about being on the HPPC if they felt that they could gain mentorship and skills by belonging.

Byron stated that the Task Force should look into intramembership issues. They should address the issue of respect and how members address each other. The process needs to go more smoothly.

Michael Bogan asked how all this can be done by the January Council meeting if the next Membership meeting isn't until January 13th. Dara responded that there will be small informal meetings that are on-going.

Kate responded that ideas about size of the body, orientation, and intramember relations can be emailed to her: kate_maclaughlin@dph.sf.ca.us.

Colin stated that he is not sure if changing the order to IRP will make a difference. It's most important to get members ready to serve.

Al responded that there was a big discussion the day before in the Task Force. He wanted to go deeper into membership issues. He finds it disempowering not to be able to vote on the Council for the first 2 months. He stated that the order of the letters (IRP), give direction if the Council intends to approach things in a different way.

Sister stated that the purpose of changing the order of the letters is to create a theoretical shift around the notions of inclusion, representation, and parity.

Michael Discepola thanked Al, Janetta, and Sister for their presentation.

## 9. CERTIFICATES/CELEBRATION

All members were acknowledged with certificates. Toni gave highlights of the Council's achievements in 1999 with a humorous twist.

## 10. CLOSURE/EVALUATION

**11. NEXT HPPC MEETING**: January 13, 2000 (3 to 6 p.m.) @ the Mayor's Conference Room at City Hall (Room 201)

Minutes written by:Lisa Manning, Polaris R & D, Inc.
Minutes reviewed by: Gigi Gregory, DPH, and A.Toni Young, Co-Chair

Attachments for Absent Members:
*San Francisco Monthly STD Report*
*AIDS Monthly Surveillance Summary*
*Project Inform HIV Causes AIDS? Hotline Handout*
*MidCity Numbers, A Monthly Bulletin of AIDS Related Statistics, October 1999*
*Co-Chairs Report, 12/9/99*
*Director's Report 12/9/99*
*Conflict of Interest—Presentation Overheads*
*Methamphetamine-Using MSM and MSM-IDU Evaluation Study—Presentation Overheads*
*New Leaf Job Announcement*
*Update on HPPC Restructuring 12/9/99*
*Summary Minutes from Restructuring Task Force Meetings #3, #4, and #5*